



UNIVERSITY OF CAPE TOWN

CENTRE FOR  
SOCIAL SCIENCE RESEARCH

**Familial child welfare regimes:  
The case of Botswana, 1966-2017**

Isaac Chinyoka

CSSR Working Paper No. 430

February 2019



Research jointly supported by the ESRC and DFID



**institute for democracy,  
citizenship and public policy in  
Africa**

Published by the Centre for Social Science Research  
University of Cape Town  
2019

<http://www.cssr.uct.ac.za>

This Working Paper can be downloaded from:

<http://cssr.uct.ac.za/pub/wp/430>

ISBN: 978-1-77011-417-3

© Centre for Social Science Research, UCT, 2019

About the author:

Dr Isaac Chinyoka completed his PhD at the University of Cape Town in 2018. His PhD, supervised by Jeremy Seekings, examined child welfare regimes in four Southern African countries: South Africa, Namibia, Botswana and Zimbabwe. His PhD research was funded primarily by UKAid through the UK's Economic and Social Research Council, grant ES/J018058/1 to Jeremy Seekings, for the "Legislating and Implementing Welfare Policy Reforms" research project.

# Familial child welfare regimes: The case of Botswana, 1966-2017

## Abstract

*Most Anglophone countries in Southern Africa provide a form of social cash transfers (SCTs) to families with children but do so in different ways. Botswana is a case of a “familial child welfare regime”, in that public provision for children reflects a primary commitment to the family: Botswana provides cash transfers for orphans but not for non-orphaned children, however poor they are; instead, poor families with children are supported through workfare or other payments to adults, and through feeding schemes. The overall reach of public provision in Botswana reflects persistent need – shaped by structural factors including AIDS-related health shocks, demographic changes and family breakdown – but the specifically familial character of the child welfare regime reflects the patronage politics and conservative ideology of the ruling Botswana Democratic Party (BDP) and the weak influence of both domestic civil society organisations and international organisations.*

## 1. Introduction

Welfare states provide social protection to families with children in different ways. “Child welfare regimes” (CWRs) differ in their combinations of programmes that affect the welfare of children, including primarily cash transfer programmes, feeding programmes, and health and education fee waivers (see further Chinyoka, 2017). CWRs vary by overall expenditure, the generosity of the benefits, the form and extent of targeting, and whether the programmes are rooted in legislation (International Labour Organization [ILO], 2017, 2014; World Bank, 2017). This concept of a CWR is rooted in Esping-Andersen’s seminal work on different types of welfare regimes in advanced capitalist societies of the global North (Esping-Andersen, 1990; 1999). Esping-Andersen (1990:26-29) clustered welfare regimes into three categories: social democratic

(in the Nordic countries, such as Sweden), conservative or corporatist (in continental Europe, such as Germany and France) and liberal (i.e. the Anglo-American cases, like the United States and Canada). With respect to children specifically, the social democratic regimes provide generous, universal and egalitarian income support. In contrast, conservative regimes provide encompassing and income-related child benefits, placing more emphasis on family support and negligible state provision. Liberal regimes provide mainly means-tested and modest universal transfers to poor families. The state plays a minimal role and the market is the primary provider for the employed breadwinners (Esping-Andersen, 1990).

Regime types are not well researched and understood in Southern Africa. This article presents new evidence on CWRs in Southern Africa using the case of Botswana. Botswana's extensive welfare regime literature, as in much of Southern Africa, extensively examines the general welfare regime with limited focus on the CWR. The general welfare regime has been variously described as "minimalist" (Good & Taylor, 2008), doing little, among other things, to promote "access to social support" (Kaboyakgosi & Marata, 2012), or as conservative (Seekings, 2016c; Hamer & Seekings, 2017). It is more appropriate to identify the regime as conservative in view of the continued familialist characteristics, resistance to proposals for reforms, the central role played by the family with the state and the market playing minimum roles. The literature does not identify the CWR type in Botswana, particularly the combined effect of direct and indirect social transfers in defining the CWR's characteristics.

Researchers on SCTs in Botswana generally agree that the general welfare regime is conservative with parsimonious benefits that are primarily in-kind (Ulriksen, 2017; 2012; Seleka et al., 2007; Seekings, 2016c; Ntseane & Solo, 2007) but there is no consensus on coverage. Seleka et al., Ntseane and Solo and Ulriksen agree that coverage is low. Seekings (2016c) argues that coverage is quite broad, especially taking into account feeding programmes. Ulriksen (2017:75) posits that, "Social transfers are minimal and perceived by the political leadership as only supplementary support to those categorised as needy." The disagreement depends on how scholars define social protection and how they define coverage. Other studies concur that transfers target the poorest or "destitutes" (Seleka et al., 2007, Ntseane & Solo, 2007). In her argument, Ulriksen (2017:76) asserts that the transfers are targeted at the needy families, what she terms "income insecure families". She is correct to identify this target group in relation to the general welfare regime but this is not entirely correct in relation to key CWR programmes. I show that the CWR transfers in Botswana, particularly the Orphan Care Programme (OCP) but also the school feeding programme, primarily target orphans (and all school going age children) without applying a means test. Contrary to Ulriksen, I argue that the CWR also primarily provides familial in-

kind benefits but they are relatively generous and coverage is high in comparison to other middle-income countries in Southern Africa.

There is limited literature explaining the CWR in Botswana. Researchers on the general welfare regime emphasise structural (AIDS, drought and the economy) factors (Dahl, 2014; Selolwane, 2012; Mupedziswa & Ntseane, 2012; Nthomang, 2007). Botswana recorded one of the highest HIV prevalence rates in Southern Africa since the 1990s, leading to family breakdown (high mortality rate and increasing AIDS orphans). The AIDS shock necessitated the adoption of social transfers to help affected families.

Other scholars argue that ideology, domestic politics (political elites, electoral competition, politics of patronage) or cultural factors explain reforms of the conservative general welfare regime (Seekings, 2016b, 2016c, 2017; Hamer, 2016; Hamer & Seekings, 2017; Ulriksen, 2017; 2011; Selolwane, 2012; Botlhomilwe & Sebudubudu, 2011). According to Ulriksen (2017), political elites limit redistribution and the poor receive minimum social transfers to buy their loyalty. Political elites' negative attitudes towards social welfare in contrast to self-help and self-reliance were also important (Makgala, 2013). Elites revere work and rebuke overdependence on the state.

This paper builds on this literature to investigate the politics of reforms of the CWR in Botswana, specifically identifying its distinctive characteristics and exploring the factors explaining why Botswana has not shifted from a familial system. I provide further evidence to support that structural factors (AIDS and the associated demographic changes) and political factors (electoral competition) are the most important factors in the reforms (the fairly wide coverage and relatively generous transfers) but the ruling BDP's conservative ideology and the politics of patronage broadly explain the enduring familial CWR.

Botswana's CWR is idiosyncratic within Southern Africa because it has not shifted from familial provision. Whilst South Africa had a largely familial system prior to 1998, that transformed to a pro-poor CWR, and Namibia resisted but later shifted to a mixed regime, the familial system in Botswana has endured since independence in 1966. The CWR is largely familial (targeted at families and not individuals) and not poverty targeted, conforming to Esping-Andersen's conservative welfare regime, and falls within the "Southern Africa" and "middle-income" models emphasizing categorical and in-kind transfers. Direct cash transfers have low coverage but total coverage is expansive. The familial primarily in-kind benefits are generous per household but ungenerous per person relative to the national and international poverty lines. Social grants provision, like in Zimbabwe and not in South Africa and Namibia, is not legislated.

Botswana, a Southern African landlocked country with a small population of 2.1 million, is regarded as "one of Africa's veritable economic and human

development success stories” transitioning “from Least Developed Country at independence in 1966 to Middle Income Country” in three decades, mainly “through the successful exploitation of its mineral wealth.”<sup>1</sup> The discovery of diamonds and other minerals provided the resources used to transform social security through redistributive measures to promote social justice. The country's social protection system has been described as a miracle of Africa (Ulriksen, 2011:199; 2010:12). The successful introduction and extension of unconditional, categorical and universal (at least within some categories) social transfers made the country an African model (Regional Hunger and Vulnerability Programmes [RHVP], 2011:17).

Botswana has made substantial progress in reducing poverty. “The percentage of people living below the poverty datum line steadily declined from 47% in 1993 to 30% in 2002,” 23% in 2009 and 19% in 2015 (Government of Botswana [GoB] & United Nations Development Programme [UNDP], 2010). Despite the decrease in poverty and having a broad regime of social safety nets with extensive coverage, albeit with parsimonious benefits (Seekings, 2016c), the country still experiences high rates of poverty as well as rising inequality (Mogalakwe & Nyamnjoh, 2017). Child poverty was at 33% in 2002 (Central Statistics Office [CSO], 2002). Eight percent of children in Botswana lived in households where a household member was critically ill in 2008 (CSO, 2009a), 32% of children were stunted and 11% of children who should have been in school were no longer attending school in 2009/10 (Statistics Botswana, 2013:6; Tesliuc, et al., 2013:10). The situation of orphans is exacerbated by high unemployment rate for their caregivers: “Thirty-one percent of orphans lived in a household where there was no one gainfully employed in 2008, down from 55% in 2001” (Ministry of Local Government [MLG], 2008; CSO, 2002).

Newly-elected president Ian Khama summarized the challenges facing Botswana in his 2009 inauguration address to the National Assembly as, “unemployment, poverty, crime, HIV and AIDS, shortage of shelter, declining social values, environmental degradation and global competition ....”<sup>2</sup> In the same address, Khama outlined the government’s response as, “we have put in place a number of policies, programmes and projects, measures and initiatives to tackle most if not all of them.”

---

<sup>1</sup> UNDP <http://www.bw.undp.org/content/botswana/en/home/countryinfo.html> accessed 30 March 2016.

<sup>2</sup> National Assembly, 0830 hours <http://www.botswana.emb-japan.go.jp/downloads/khama-inaugurationspeech.doc> accessed 31 March 2016.

Children in Botswana are supported by a number of programmes: those for orphans and for vulnerable children - “needy children” and “needy students” (provided for under the programme for destitutes). Children also benefit from government school feeding programmes, initiated in the mid-1960s and taken over by the government from the World Food Programme in 1997 (Seekings 2016a, 2016c). These are operated at primary and secondary levels, and in some cases from their parents’ registration as destitute persons. There are special provisions for the children of remote area dwellers (under the Remote Area Development Programme). Generally, these programmes, especially indirect schemes, have a high coverage and offer in-kind child benefits that are relatively generous and family-based but without statutory provision.

The expansive but thrifty safety nets persisted in successive BDP governments. This was not surprising as president Ian Khama, the current and fourth president of the country since independence, like the preceding three presidents, is a known passionate conservative.<sup>3</sup> In his 2009 inauguration address to the National Assembly, President Ian Khama mentioned that, “A change of [political] leadership does not mean radical changes in the way we have been setting out our objectives as agreed upon by the ruling party and government for this nation. Our party has a manifesto that I signed on to and the government has a national development plan that I am also a party to.”<sup>4</sup> It is no surprise that he has presided over a conservative government in favour of a market-based approach to poverty reduction in the country, through a poverty unit situated in his office. The promotion of workfare and minimal social welfare could have been to reduce family overdependence on the state and, argues Makgala (2013), to rekindle a self-help and self-reliance ethos that had been eroding. I argue that the BDP promoted a unique but segmented array of social protection programmes that preserved the family and promoted family support, a strong characteristic of a familial CWR. The next sections examine the distinctive characteristics, evolution and suggested explanations to the (failed) reforms of the familial CWR in Botswana.

---

<sup>3</sup> Office of the President details his biography on <http://www.gov.bw/en/ministries--authorities/ministries/state-president/office-of-the-president/about-the-office-of-the-president/>

<sup>4</sup> Inauguration address by H.E. Lieutenant General S.K.I. Khama, President of the Republic of Botswana, Tuesday 1<sup>st</sup> April 2008, National Assembly, 0830 hours.

## **2. Distinctive characteristics of Botswana's child welfare regime**

### **2.1. Coverage**

Some assessments of the overall welfare regime in Botswana indicated that safety nets coverage is low (see Table 1). However, there are conflicting evaluations, primarily because of the variation in definition of social protection programmes in Botswana. Seleka et al. assessed 11 social safety net programmes and concluded that they reached less than 10% of the population and covered 19% of poor households (2007:28). Regional Hunger and Vulnerability Programme (RHVP), a regional programme that “supported improvements in policy and programme approaches to hunger and vulnerability in Southern Africa with particular emphasis on the role of social protection,” assessed ten programmes (excluding the Community Home Based Care programme which Seleka et al. included) and concluded that

Together these reach approximately 900,000 people or half of the total population, although 700,000 of these are beneficiaries of the universal school feeding programmes or vulnerable group feeding. Of the remaining seven programmes, none reaches more than 5% of the population (2011:2).

RHVP's assessment is misleading as its conclusion is based on the wider coverage of the School Feeding Programme (SFP) only.

Tesliuc et al. (2013) and Ellis et al. (2010) reached the same 5% conclusion but included scholarships, transfers to NGOs and poverty eradication initiatives that were excluded by Seleka et al. and RHVP. The World Bank (2015) shows that, “[a]lmost 72% of the population lives in a household with at least one member who benefits from a social-protection programme.”

*Table 1: Programme coverage and spending*

Programme	Budget (Pula-millions)		Share of GDP	No. of beneficiaries (1000s)		% national population		% of child population
	2009/10	2012/13		2012/13	2009/10	2012/13	2009/10	2012/13
Direct coverage								
Orphans	47	301	0.2	48,119	40,030	2.6	1.9	4.6
Primary SFP	208	275	0.2	301,970	268,761	16,6	12.8	31.3
Secondary SFP	172	210	0.2	165,097	161,929	9.1	7.7	18.8
Total direct coverage								54.7*
Indirect coverage								
Community Home Based Care	160	38	0.0	3,702	3,434 (6868)	0.2	0.2	-
VGFP <sup>5</sup>	216	166	0.1	230,985	383,392 (192000)	12.7	18.3	30
Destitute Persons	207	241	0.2	40,865	30,518 (67000)	2.2	1.5	7.8
OAP	256	279	0.2	91,446	93,639 (187278)	4.8	4.5	22
World War Veterans	15	-	-	2,940 (5880)	-	0.2	-	1
RADP <sup>6</sup>	49	-	-	43,070 (86140)	-	2.4	-	10
Ipelegeng <sup>7</sup>	260	409	2.6	19,431	55,000 (110,000)	1.1	0.3	13
Total indirect coverage								83**
Total coverage								85***

*Source: Adapted from Tesliuc et al., (2013:x); Devereux et al. (2010: xi). \* total does not add up to 100% and it is an overestimation because there is duplicate counting of children who benefit from more than one programme. Even if we assume that all orphans attend school to avoid double counting, the proportion is 49.3%. This is misleading because this represents coverage for one programme. \*\* overestimation due to double counting of children covered by more than one programme. \*\*\* total does not add to 100% because of duplication.*

<sup>5</sup> Vulnerable Group Feeding Programme

<sup>6</sup> Remote Area Development Programme

<sup>7</sup> Ipelegeng is a Setswana word for ‘people must carry themselves on their own backs’.

Ellis et al. (2010:4) argued that “despite fears of a national trend towards dependency”, social assistance has a very low coverage compared to the number of people who should be covered. This is not entirely true of Botswana’s CWR. Children benefit directly from the OCP (reaching about 5% of all children in 2013), fee waivers and SFP, and most children (about 85% in 2013) benefit indirectly (family benefits) from general welfare programmes including the Community Home Based Care, Old Age Pensions, World War Veterans and Ipelegeng. Contrary to the general welfare regime observations, the Department of Social Protection in the Ministry of Local Government (MLG) has made progress towards children’s well-being through the provision of social transfers.

Previous researchers based their arguments on coverage by establishing the number of children covered as a percentage of total population. This is useful in understanding the general coverage of social protection programmes but sheds very little light on the number of children benefiting as a percentage of all children. This article argues that despite the coverage gaps, Botswana’s CWR’s coverage may be considered low compared to some middle-income countries, like South Africa, but has extensive coverage particularly in comparison to other middle-income countries, such as Namibia, and low-income countries, like Zimbabwe. Children averaged 43% of the population between 2007 and 2013 (MLG, 2008:38; Statistics Botswana, 2014:6) and, as discussed, approximately 85% of all children benefited from social safety nets in 2013. The percentage of children who benefitted was calculated using 40,030 children benefitting under OCP, 430,690 under primary and secondary school feeding (Tesliuc et al., 2013:x), 67,000 vulnerable children under Destitute Persons Programme (MLG, 2008:41) and 192,000 children under Vulnerable Group Feeding (estimating that half of the 383,392 beneficiaries in 2013 were children). The estimated figures exclude 15,524 Remote Area Dweller children assuming they are counted under the school feeding programme if they attend school (an underestimation because not all Remote Area Dwellers (RADs) children are of school going age). Using these figures, if we assume that all orphans attend school and count them under SFP also, the percentage of children covered drops to 72% of all children.

Seekings(2016c) asserted that Botswana had an extensive but parsimonious, “conservative” welfare state, focused on economic growth and social stability but protecting most of its citizens against extreme poverty. By 2010, most children and many adults received free food rations. About one in ten people received individual cash transfers, often on behalf of their entire households (Seekings, 2016c: 26-29). These coverage estimates differ because they take into account different programmes. As already discussed, Seleka et al. (2007:10-12) assessed only 11 selected programmes and the other studies took into account a wider range of programmes (Tesliuc et al., 2013:x; GoB, 2010:x; RHVP, 2011:7-12).

The CWR covers almost all children taking into account school and other feeding programmes which have very modest benefits, many children when considering indirect benefits through familial programmes, but only some children taking into account only child-focused programmes such as the OCP. Only the narrowly child-focused programmes are generous, however; the other programmes provide very modest benefits.

Geographical coverage of child and family benefits show Botswana has remarkably made great strides in achieving redistributive justice. While the geographical distribution of social protection programmes is expected to follow that of the overall population to increase access to the most needy, there is remarkable inconsistency between the two in many Southern African Development Community (SADC) countries. According to Mupedziswa and Ntseane (2012), “the geographical coverage of social protection beneficiaries broadly follows that of the overall population (76% rural) and of poverty (91% rural).” In 2011 over 80% of 10 social protection programmes’ beneficiaries were “rural residents, exceeding the national population percentage” and “nine out of ten beneficiaries of poverty targeted programmes were in rural areas” (RHVP, 2011). The registration of needy children and students under the destitute programme was also skewed towards rural areas. About 98% of the 2008/09 destitute registrations were in rural communities, where the larger proportion of the poor live as opposed to the higher standard of living in the towns (GoB, 2010). Overall, coverage of in-kind benefits that are family targeted is high to support a familial CWR.

With regard to legal status of programmes, Botswana, unlike South Africa, Mauritius or Namibia, does not have statutory provisions for social assistance. Social assistance is governed by administrative fiat, not legislation. Nonetheless, the Ministry of Local Government (MLG) developed a number of policy instruments and guidelines including the Short-Term Plan of Action (STPA) on Care of Orphans in Botswana, 1999-2001 (1999), Revised National Policy on Destitute Persons, 2002 (2002), Revised National Rural Development Policy (2002), National Guidelines on the Care of Orphans and Vulnerable Children (2008), Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016 (2010) that replaced STPA and a draft National Policy on Orphans and Vulnerable in Botswana (2013). Devereux et al. (2010) observe that Botswana has an abundance of policy yet “none is directly supported by law”. Seekings (2016a: 25) refers to Botswana’s inheritance at independence as “an ad hoc system of destitute relief, without any statutory poor law”. Even so, the policies highlight the “importance accorded to social protection in the national polity” (RHVP, 2011: 5). Contrary to Namibia with the provision of child welfare grants enshrined in the Children Act of 2015, Botswana’s Children’s Act of 2009, the only legal instrument that provides a legal and institutional “framework for

the protection and care of children,” is silent on social protection for children. This is not surprising as bureaucrats and politicians alike were well aware of the policy implications of having statutory provision of social protection and that once enshrined in such instruments, government will be obliged to provide it. A government official indicated the government was reluctant to legislate social assistance because, “Even if when we can’t fund it, we are stuck with it.”<sup>8</sup>

Eligibility for child support is based on need (through proxy means-testing) for vulnerable children (needy students and children in need of care) targeted under the Destitute Persons Programme and for children requiring supplementary nutrition covered by Vulnerable Group Feeding Programme. Child benefits were universalized in some categories. The OCP, designed to respond to the needs of orphans, was open to all families with orphans who applied and all children attending government primary and secondary schools benefited from the SFP.

In terms of generosity of benefits, Botswana uses two national poverty lines: the Food Poverty Line (FPL) i.e. “the minimum food expenditure necessary for the household to maintain good caloric requirements”; and the Poverty Datum Line (PDL) i.e. the “cost of a basket of goods and services [food, clothing, personal items, household goods and services, and shelter] deemed to be necessary and adequate to meet basic needs for household members” (World Bank, 2015:26). In 2013 the average value was P685 (\$82), equivalent to 92% of the Food Poverty Line (World Bank, 2015:143). In December 2017, using the 2016 prices (converted to US\$ and adjusted for purchasing power parity, PPP), the FPL was US\$67 per household per month and the PDL was US\$86 per household per month. A poor household with an orphan was presumably eligible for the OCP (between P500-P850) and an Ipelegeng opportunity (P480+food+P100). The total cash value would be US\$143 per household per month (double the FPL) which is very generous relative to the two poverty lines per household. However, the transfer value was US\$28 per person per month in an average five-person household, a very ungenerous amount that is far below the two poverty lines.

In December 2017, the OCP transfers were US\$0.90 per person per day (US\$28 per person per month) which is ungenerous relative to the international poverty line of US\$1.90 per person per day. Overall, OCP cash value was parsimonious relative to GDP per capita (US\$7,315 in 2013) and the FPL (US\$67 per person per month). However, the overall benefits are generous relative to the FPL taking into account what a poor household was likely to receive in total. Tesliuc et al. (2013) rated major social assistance programmes in Botswana as “generous”. For

---

<sup>8</sup> Interview with Olebile Gaborone, Permanent Secretary-Poverty Eradication, Office of President, 27 October 2015.

instance, the Destitute Persons programme that directly and indirectly benefits many children contributed “77% of the poorest household food consumption” and the benefits were equivalent “to 94% of Statistics Botswana’s food poverty datum line for 2009/10 (P680 per month)” (Tesliuc et al., 2013:82). Therefore, the CWR offers high value benefits relative to the FPL per household in contrast to the parsimonious general welfare regime (Seekings, 2017:3; Seekings, 2016c; Ulriksen, 2017).

## **2.2. Familial-targeting**

A key distinguishing feature of Botswana’s social safety net system (both general and CWR) is its familialist focus. Unlike South Africa, Lesotho and Namibia that have child grants for individual children, social protection programmes in Botswana target the family. For programmes that target groups such as orphans and destitute persons, their families become “automatic” beneficiaries as the family receive a family-based food basket/coupon determined by family size. Sharing scarce resources, including food, in times of need has been a cultural practice of Botswana. AIDS weakened the nuclear and the extended family (Nthomang, 2007:193), rendering the traditional family support system inadequate to provide for orphans. Dahl (2009:24) argues that many Botswana, including political elites, the church and ordinary people, admit that kinship care for orphans (tied to the Botswana culture of family provision) can no longer adequately address the “demographic devastation” caused by AIDS. The government’s provision of family-based food baskets reflects the political elite’s ideas about reinventing the family and the promotion of the kinship culture in addressing the AIDS challenge. Social policy, hence, is rooted in the cultural aspects of kinship (Durham, 2007).

The government did not only promote familial provision by targeting the family but also by not providing transfers to some families, assuming that the family will take the responsibility. The government has been conservative in providing for orphans placed under foster care of non-kin. Under the pilot Foster Care Programme (Dahl, 2009:33), the government withdrew the food basket on the pretext that the carers would abuse the programme by fostering children for the purposes of accessing the basket and not to provide care. It is surprising that the government initiated a programme but could not avail the resources (food or cash) to sustain it and assumed absolute family responsibility. Such a romanticised view of the family partly explains the persistent familial orientation of all the

programmes. The view may also account for the failure of the proposed foster care system which could not be implemented beyond piloting.

### **3. The evolution of Botswana's child welfare regime: Changes and choices, 1966-2017**

Between 1966 and 2017, Botswana's CWR went through four phases of reforms without shifting from the familial system. The first phase is between 1966 and the mid-1990s, traversing from Sir Seretse Khama (1966 to 1980) to Masire's presidency, when the ruling BDP enjoyed political security as a result of weak political opposition. The BDP, therefore, lacked the incentive to reform social grants and limited state provision to drought-related food aid.

The second phase is between the mid-1990s to 2002 when the ruling BDP, under Masire's presidency, faced competitive elections that threatened its political security. This urged the ruling party to institute social grants reforms to secure the waning electoral base. During this period, the BDP had to regain its lost electoral support in preparation for the 2004 election in which Masire sought reelection and had to address the devastating impact of structural challenges on families, especially AIDS-related health and demographic shocks.

BDP's political insecurity persisted into the third phase between 2007 and 2009 but this time Mogae had to strengthen the party against the strong opposition and prepare for the incoming president Ian Khama. The period was again characterised by structural challenges but in a different form - high unemployment combined with the AIDS crisis to increase family vulnerability to poverty and family breakdown. In response, Mogae expanded the food basket to the new category of vulnerable children and made the Ipelegeng public works programme permanent. Mogae's interventions maintained familial provision.

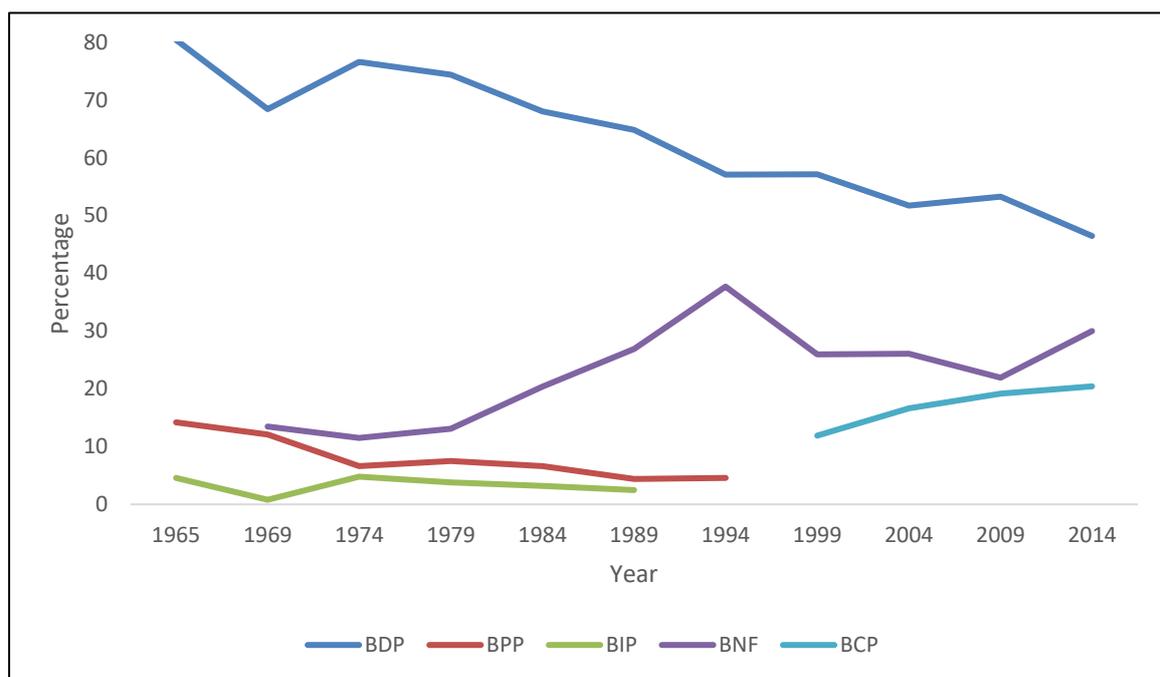
The last phase is between 2010 and 2015 and is characterised by political complacency by the Khama-led BDP after winning the 2009 elections. The BDP regained its political security by winning the 2009 elections. The result was a series of failed reforms as the government rejected proposals for new poverty-targeted grants on the one hand and an enduring familial CWR providing family-targeted transfers. Khama rebranded the Ipelegeng to secure his reelection in the 2014 elections but the complacency cost the BDP electoral support. The BDP won the 2014 tightly contested election by a small margin and without winning a majority vote (Hamer, 2016; Hamer & Seekings, 2017). Across the four phases, the BDP maintained its conservative ideological orientation, promoting familial

social provision, distributing primarily in-kind benefits to the neediest families with children and rejecting proposals to shift to poverty targeting.

### 3.1. Social grants provision under a politically secure BDP, 1966-1994

Botswana’s ruling party, the BDP, faced a weak opposition from independence up to 1994 (Hamer, 2016; Hamer & Seekings, 2017; Ulriksen, 2017) hence lacked the political incentive to reform the child social provision. Figure 1 shows BDP’s electoral dominance, winning the majority vote despite declining from about 80% in the first election in 1965 to about 57% in 1994.

Figure 1: Political parties' share of vote, 1965-2014



Source: Botswana Independent Electoral Commission, 1965-2014. \*By 2014 elections, Botswana National Front (BNF) had merged with the newly formed Botswana Movement for Democracy (BMD) in 2010 to form Umbrella for Democratic Change (UDC).

This period of political security is characterised by a conservative minimal CWR and limited defamiliarisation, with the government intervening with donor-assisted drought-related food aid and public works programmes that promoted workfare (Seekings, 2016a, 2017; Munemo, 2012). Children benefitted mostly indirectly from general welfare except for feeding programmes in schools and at

home when their families qualified for the World Food Programme (WFP) funded Vulnerable Group Feeding.

Minimal state intervention in family provision, representing the foundations of a conservative CWR, can be traced to the pre-independence era when the colonial government initiated these school and community nutritional programmes in response to incessant droughts. Unlike in South Africa or Namibia where the colonial government provided cash transfers to poor families with children, Botswana had no permanent support for poor children. Familialism continued in independent Botswana during this era of BDP's political security. Destitute children were primarily provided by the family (Mupedziswa & Ntseane, 2011) except for the 1980 destitute policy that targeted adult destitute persons and indirectly benefited children. The orphan problem existed during this period (MLG, 2008) but the family and community provided a safety net to orphans with limited government support.

### **3.2. Social grants reforms under a politically insecure BDP, mid-1990s to 2002**

Researchers have argued that up to the 1990s the BDP government played a residual social provision role on the assumption that families could support themselves through rural activities or were supported by other community members (Mugabe in Ulriksen, 2017:84-85). This assessment is partially correct but it underestimates the lack of political competition that characterised this period. The 1994 competitive elections caused electoral discomfort to President Masire and his ruling BDP. The BDP's political insecurity from the mid-1990s to 2002 urged the BDP-led government to make significant social transfer reforms including the introduction of the previously neglected Old Age Pension (OAP), an Orphan Care Programme (OCP) and reviewing of the destitute policy to cover "destitute children". The reforms, as discussed later, supported familial provision reflecting BDP's conservative ideology.

BDP's first major reaction to the opposition electoral threat in 1994 was the Masire-led government's unceremonious introduction of the OAP in 1996. South Africa and Namibia (under South African rule), had OAPs for the elderly pre-independence but Botswana did not inherit or introduce the scheme until 1996. According to Ulriksen (2017: 83) the motion to introduce an OAP was moved in 1988. Such a delay could have been a result of the perceived prospects of self-reliance for survival by retired workers (Ulriksen, 2017:84) and the weak political

opposition. Ulriksen further attributes the pension's introduction to electoral competition – the BDP experienced the strongest opposition in the 1994 elections so the pension was a political tool to maintain rural support (*ibid.*). The pensions, however, were “conservative” in that they were limited to destitute adults aged 65 or older despite the retirement age of 60.

There is no clear evidence to suggest that the design of the pensions considered poor children in the targeted “destitute” families but it is likely that demographic changes (age) and the possible burden of the elderly (the destitute persons) caring for children might have been important considerations. In other words, the pensions were familial. Evidence suggests that pensions for elderly and disabled people have a distributional aspect as, “they are awarded to individuals but are to a large extent consumed by the household” (Ardington & Lund, 1995:558). In Lesotho, the design and introduction of pensions in 2004 deliberately sought to benefit pensioners and Orphans and Vulnerable Children (OVC) (Pelham, 2007). In Namibia, the political elite supported inflation indexed increment of the OAP amount in contrast to child grants because of the perceived trickle-down effect of the OAP. It is likely that when the OAP was introduced in 1996 the government was cognisant of its possible indirect impact to the orphan problem. Moreover, the government's concern for orphans was shown in 1996 with the inaugural distribution of the Orphan Care Basket.

The second remarkable reform after the 1994 competitive elections and the devastating effects of the AIDS pandemic was the Orphan Care Basket initiative that began in 1996 under president Masire and became a fully-fledged Orphan Care Programme (OCP) in 1999 during Mogae's presidency. Botswana “has one of the world's highest HIV/AIDS burdens that has had human welfare, fiscal and governance impacts” (*Ibid.*). There were 350,000 people living with HIV in 2003 (37% prevalence rate) (UNAIDS & World Health Organization [WHO], 2005). Despite the prevalence rate falling to 22% by 2013, Botswana still had the third highest HIV prevalence rate in the world (after Lesotho and Swaziland) and the pandemic had left many disintegrated families (UNAIDS, 2014: A8-A9). In comparison to its Southern African neighbours - South Africa, Namibia and Zimbabwe - also affected by the advent of HIV and AIDS in the 1990s, Botswana was one of the hardest hit with high AIDS-related deaths triggering an unprecedented increase in “AIDS orphans”. A total of 110,000 and 120,000 children lost their parents to AIDS in 2003 and 2005 respectively (United Nations Children's Fund [UNICEF], 2005). An estimated 77% of registered orphans and 16% of all children in 2007 were AIDS orphans (CSO, 2009b:55). Many Botswana children grew up “as double orphans, in single parent families or even in child-headed households” (UNICEF, 2012:17).

Stegling (2004:234) corroborates that the effects of HIV at household level included the “growing number of orphaned and vulnerable children and the

increasing number of patients that are taken care of at home”. Festus Mogae, President of Botswana from 1998 to 2008, viewed HIV/AIDS as “the biggest problem facing post-colonial Botswana” as it became an economic and security threat to the nation (Kaboyakgosi & Mpule, 2008:302). Kanki and Marlink (2009:4) show President Mogae’s acknowledgement of the AIDS problem in Botswana and his commitment to fighting the epidemic Mogae “decried the possible extinction of the Batswana” and declared a “war” against AIDS. In his words: “*Ntwa e bolotse*” (The war has started).

HIV/AIDS threatened to destroy the human capital, and government efforts to combat the disease had economic and human cost (Masire, 2006: x). One of its major social impacts was the reduction of life expectancy from 65 to 35 years in 2005 (Kallings, 2008:238). UNICEF reported the devastating impacts of AIDS in Botswana:

HIV/AIDS touches every aspect of life in Botswana. It continues to undermine the enormous advances this democratic country has made by aggravating poverty, increasing child mortality, weakening families, compromising productivity, and decimating the working age population. At home, families live with the effects of HIV/AIDS first hand as they try to cope with income loss due to illness, the trauma of losing loved ones, the costs of caring for the sick, the burden of looking after orphaned relatives, and the overall physical, emotional and financial drain that the disease engenders (UNICEF, 2004:12).

The country mounted a strong HIV/AIDS intervention, providing more than 70% of all HIV spending, reaching universal access to HIV treatment by the end of 2011 and halving new HIV infections for infants between 2009 and 2012, thereby making important progress towards achieving an AIDS-free society (GoB & UNDP, 2010) but “its capacity to sustain the response is being stretched to the limit.”<sup>9</sup> Mupedziswa & Ntseane (2012:60) argue that “the pandemic threatened the socio-economic fabric of Botswana society, with breadwinners succumbing to the virus in large numbers, in the process leaving behind thousands of orphans and vulnerable children requiring assistance”.

After facing its major political competition in 1994, and in response to the increasing need (HIV related demographic and social changes) the BDP-led government started providing an Orphan Food Basket to families with orphans without establishing a proper orphan care policy (Dahl, 2014; 2009). Dahl

---

<sup>9</sup> UNDP website <http://www.bw.undp.org/content/botswana/en/home/countryinfo.html> accessed 30 March 2016.

(2009:29) argues that the basket was an “incentive to keep orphans connected to their kin and culture”. The food basket ensured that orphans “are not abandoned or neglected” (Dahl, 2016:290). In 1997 the Ministry of Health commissioned a situation analysis of orphans that reported an increasing number of orphans as result of AIDS-related deaths compared with other causes (Ministry of Health, 1998). Some scholars argue that orphan estimates were an underestimation resulting from AIDS-related stigma underreporting (Ntseane & Solo, 2007:93; Botswana Federation of Trade Unions [BFTU], 2007). The analysis identified orphans as a particular vulnerable group that needed immediate government intervention. In this report, the government acknowledged that family coping mechanisms such as reliance on the traditional extended family were severely stressed. The provision of basic social welfare services and material support to “needy” children including orphans by government and other stakeholders was also overstretched.<sup>10</sup> MLG (1999) reported, “Orphans had no access to basic needs such as food, clothing, toiletry and shelter” as a result of household poverty.

In response to this orphan problem, the MLG (through its Social Welfare Division, now Department of Social Protection) adopted, in 1999, a *Short-Term Plan of Action (STPA) on Care of Orphans in Botswana* (replaced by the *Botswana National Plan of Action for Orphans and Vulnerable Children, 2010-2016* in 2010) that provided for the introduction of the Orphan Care Programme the same year (MLG, 1999). The year 1999 was a turning point in the social policy history in Botswana as the STPA was the first and only policy directly targeting children since independence.

The STPA’s main objective was “to respond to the immediate needs of orphans, that is, food, clothing, education, shelter, protection and care.” In keeping with the BDP government’s approach in delivering services to the needy, the STPA emphasised that the government will support “community based responses to the orphan problem” (MLG, 1999), suggesting promotion of the familial and community approaches that existed before the AIDS era. Although the OCP’s ultimate goal was to remove orphans from the poverty trap (Ntseane & Solo, 2007:93), its immediate aim was to “offset the burden of [families/kin] taking on additional mouths to feed” (Dahl, 2009:29). Hence, the OCP promoted kin-based orphan care.

The OCP is regarded as a social allowance hence it is not means-tested. All families with orphans under 18 years were eligible for the programme. An orphan

---

<sup>10</sup> All social protection programmes covered less than 10% of poor households by 2007 (Seleka et al., 2007: 28)

is narrowly defined as “a child below 18 years who has lost one (single parents)<sup>11</sup> or two (married couples, whether married in civil or traditional marriages) biological or adoptive parents.” The STPA further defines “social orphans” as “children who are abandoned or dumped or whose parents cannot be traced.” This definition excluded children living with single parents such as the mother only but with “absent fathers” (see Table 2).

*Table 2: Distribution of orphans by status of parent, 2001 & 2008*

<b>Parent survival status</b>	<b>2001</b>	<b>2008</b>
Both M[other] and F[ather] alive and present	23	28.7
M present, F deceased	6.1	9.3
M present, F alive but absent	35	15.7
M deceased, F deceased	1.6	3
M deceased, F alive but absent	2.6	6.4
M deceased, F present	0.5	3.9
M alive but absent, F deceased	1.6	10.2
M alive but absent, F alive but absent	22	28.8
M alive but absent, F present	3	0.9
Orphans as % all children	15.2	16.2

*Source: CSO (2001:52) & CSO (2009a:110).*

The orphan definition contrasts with other definitions both within Botswana and internationally. The Botswana Central Statistics Office (now Statistics Botswana) defined orphans as children under 18 years who have lost one or both parents or whose parents’ survival status is unknown, while the UNICEF/UNAIDS/USAID (2002) state that “an orphan is a child below the age of 18 years who has lost one or both parents”. The latter definition was adopted by Botswana’s neighbours, South Africa, Namibia and Zimbabwe. The narrow STPA orphan definition excludes children falling in the “orphan” category according to international definition. For instance, “single” orphans (either maternal or paternal) are not recognized in Botswana. To compel absent fathers to provide for their children, “[d]eserted children born out of wedlock were excluded from the definition of an eligible orphan, and therefore excluded from benefits under STPA unless there was clear proof that the child’s father had indeed died” (MLG, 2006:4). As a

---

<sup>11</sup> This definition only refers to children who had a single parent and lost that parent through death and excludes children who had two parents (unmarried) and lost one parent through death.

result of this disparity, orphan rates were estimated at 7% and 17% using the Botswana and the international definition in 2008 (MLG, 2008).

The value of the food basket remained unchanged at P216,00 per orphan irrespective of the geographical location of their home from 1999 until 2009. In 2010, the value increased and ranged between P500,00 (US\$41) and P650,00 (US\$76) depending on geographic location (urban, peri-urban or rural). The amount was supposed to be “adjusted for inflation at the beginning of each financial year but it has not been reviewed since 2010 due to affordability concerns, to allow more children to be enrolled on other programmes, particularly the increasing children in need of care (vulnerable children)”<sup>12</sup> and to “direct more financial resources towards income generating projects for families with children to increase their chances of self-reliance.”<sup>13</sup>

The OCP earned political support as it maintained the “safety net” typology which the ruling BDP favoured. Based on the 1998 rapid assessment of the situation of orphans in the country, conducted by the Ministry of Health and international donors (United States Agency for International Development [USAID] and UNICEF), which revealed the escalating numbers of orphans as a result of AIDS-related deaths, then president Festus Mogae, soon after taking over from Quett Masire in April of that year, declared the situation of orphans as a national disaster.<sup>14</sup> Orphanhood was henceforth viewed as an emergency compelling government to act swiftly by introducing the OCP. The STPA was initiated prior to the change of president, but the introduction of the OCP was under Mogae suggesting that Masire seems to have underestimated the devastating effects of AIDS on the family which his successor took seriously.

The introduction of OCP offering in-kind benefits can be viewed as some form of “path dependency” (Pierson, 2000). Informed by the destitute programme which was already giving out monthly benefits as food parcels with a small cash component of P81 (Mupedziswa & Ntseane, 2012; Ntseane & Solo, 2007; Seleka et al., 2007), it was administratively easy and cost effective to extend the same benefits (in-kind) to children in need using the same distribution structures already established.

---

<sup>12</sup> Interview with Nguvauva, 27 October 2015, Department of Social Protection, Gaborone.

<sup>13</sup> Interview with Olebile Gaborone.

<sup>14</sup> Interview with Tebogo B Seleka, Executive Director, Botswana Institute for Development Policy Analysis (BIDPA), 29 October 2015.

Donors were also influential on the OCP targeting up to 2012, but the narrow orphan focus resonated with the BDP's minimalist ideology. Although the government-President Emergency Plan for AIDS Relief (PEPFAR) funding partnership was that of a government supported partnership, contrary to lower income countries like Zimbabwe, Malawi and Zambia, the pressure was unusual in an upper middle-income country. The pressure to target orphans is attributed to the fact that OCP was funded by USAID under the PEPFAR programme through the National AIDS Coordinating Agency (NACA) until 2013. There was not much political will until the 2010s and Government only took over in 2014 when it started funding OCP from the ministerial budget.<sup>15</sup> As part of financing HIV/AIDS programmes, such as the Community Home Based Care Programme, the USAID scheme (initiated in 1995 by government and donors) also financed the food basket for orphans as part of mitigation strategy since a larger percentage of the orphans were "AIDS" orphans. Ansell views the "singular focus" on AIDS orphans as a "funding magnet". The funding of AIDS orphans programmes through PEPFAR is not unique to Botswana. Ansell (2016:168) observes, "PEPFAR sets aside 10% of its programme funding to address the needs of orphans and vulnerable children and claims to have supported more than 5 million of them" by 2014. PEPFAR has been funding OVC programmes in almost all countries in Southern Africa between 2004 and 2017.<sup>16</sup> The PEPFAR-funded OVC programmes included "food and nutrition, shelter and care, legal protection, health care, psychosocial support, education, and economic strengthening of families and households" (Bryant et al., 2012:1509). In Botswana, donors did not contradict but rather supported the government's narrow targeting of AIDS orphans.

Global pressures also influenced the shape of the OCP. Botswana is party to the "Code on Social Security in the Southern African Development Community (SADC)" that was formulated in 2004 and signed by all member states in 2008. Article 1 of the code distinguishes between social assistance and social allowances. Social allowances<sup>17</sup> are defined as "universal payments made to 'persons in designated categories' to include children, the disabled and the elderly. They are financed from government revenue and are not means-tested." Persons falling within the designated category receive social allowances regardless of their economic position. Put differently, though having the same

---

<sup>15</sup> Interview with Papadi Nguvauva.

<sup>16</sup> <https://www.pepfar.gov/countries/cop/2007/index.htm>. Accessed 8 August 2015.

<sup>17</sup> Kerapeletswe also uses the same classification of social safety nets in Botswana (Kerapeletswe, 2008, 83-116).

funding modalities, social assistance is cash or in-kind assistance provided to persons lacking the “means to support themselves or their dependents” and it is means-tested. This type of government intervention is meant to “alleviate poverty” through “provision of minimum income support”.<sup>18</sup> Based on this distinction, a matrix of child-focused programmes under each class and the guiding policy/Act for Botswana is drawn as shown in Table 3.

*Table 3: Botswana Social Protection Matrix*

<b>Classification</b>	<b>Type of social safety net</b>	<b>Policy instrument/Act</b>
Social allowance schemes	Orphan Care Programme	<ul style="list-style-type: none"> <li>• Short Term Plan of Action for Care of Orphans in Botswana (1999)</li> <li>• National Guidelines on the Care of Orphans and Vulnerable Children 2008</li> <li>• Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016</li> </ul>
	Vulnerable Group Feeding	<ul style="list-style-type: none"> <li>• National Health policy (1995, 2011)</li> </ul>
	School Feeding Programme	<ul style="list-style-type: none"> <li>• Revised National Policy on Education (1994)</li> </ul>
Social assistance schemes	Destitute programme	<ul style="list-style-type: none"> <li>• Revised National Policy on Destitute Persons (2002)</li> </ul>
	Needy students	<ul style="list-style-type: none"> <li>• National Policy on Destitute Persons (2002)</li> </ul>
	Needy children	<ul style="list-style-type: none"> <li>• National Policy on Destitute Persons (2002)</li> </ul>
	Remote Area Dweller Programme	<ul style="list-style-type: none"> <li>• National Policy on Destitute Persons (2002)</li> <li>• Remote Area Development Policy (1978)</li> </ul>

*Adapted from Ntseane and Solo (2007:27).*

---

<sup>18</sup> See SADC Code on social security, Accessed 27 July 2015. [https://www.sadc.int/files/2513/5843/3198/Code\\_on\\_Social\\_Security\\_in\\_SADC.pdf](https://www.sadc.int/files/2513/5843/3198/Code_on_Social_Security_in_SADC.pdf) .

The classification in Table 3 indicates that the core social transfer for children in Botswana, OCP, falls under social allowances which are “universal” and “not means-tested”. The slow reforms of programmes shown in the matrix are partly explained by Botswana’s adoption of these classifications and definitions. Although the Code is not legally binding, using the SADC Code, there is no doubt that Botswana conformed to the regionally agreed standards of social provision and the government has viewed the current provisions as internationally acceptable and adequate.<sup>19</sup>

Although the OCP was a programmatic response to AIDS and the associated social and demographic changes, its implementation was conservative and shows aspects of patronage. It was conservative because orphans were supported within a family, indirectly promoting the extended family (familial). On the other hand, although some rich families caring for orphans might have benefited from the OCP since it was not mean tested, many orphans joined their extended families in the rural areas when their parents died and most of the caregivers were likely to be elderly and poor (Dahl, 2014). These poor caregivers’ livelihoods depended on the food baskets and were, like other poor beneficiaries of food aid (Ulriksen, 2017), BDP loyalists. Overall, Mogae seem to have intensified his response to AIDS but the response (introduction of the OCP) actually intensified his election campaign for the 1999 elections. Without specifying the strategies to be taken, Mogae underscored that, “The BDP will continue to pursue new strategies to mitigate the effects of HIV / AIDS and arrest the spread of the virus.”<sup>20</sup>

The last social transfer reforms during Masire’s presidency was the revision of the Destitute Policy in 2002 to expand coverage of “destitute” children in destitute families. Like the OCP, Masire initiated the review during the run up to the 2004 elections where he was seeking reelection. Masire was reelected, perhaps because the expanded coverage of “destitute families” became popular among the poor, especially the urban poor who were previously excluded from other social assistance programmes and the old destitute criteria.

The review entailed redefining child destitution to cater for children previously not covered by any other programme and introducing a new Head Start Programme targeted at vulnerable children (needy students and needy children). The Destitute Persons Programme, guided by the *National Destitute Policy*, was

---

<sup>19</sup> Interview with Olebile M. Gaborone.

<sup>20</sup> BDP 1999 Election Manifesto, p1, accessed 16 August 2015, <https://sadcblog.files.wordpress.com/2011/07/bdp-1999-manifesto-botswana.pdf>

formally introduced in 1980 to respond “to the gradual erosion of the traditional safety net.” Although it covers other people in need, the programme was “intended to serve the few who have absolutely no other sources of support” (MLG, 2002). “Destitutes” had been assisted prior to 1980, but on an ad hoc basis (Seekings, 2016a). The policy was revised to the *Revised National Policy on Destitute Persons* in 2002 and was being reviewed to be a *National Policy on Needy and Vulnerable Families* as of October 2016. The 2002 revision was reportedly motivated by six considerations:

- (1) “changes in the circumstances of poor people in Botswana since the original policy was introduced in 1980”
- (2) “the 1980 policy assumed that registered destitute persons consumed rations on their own. Experience has shown that almost without exception, destitute persons in fact share their rations with their immediate dependents”
- (3) “in the old policy document, a person was only eligible to be assessed as ‘destitute’ if he or she did not own any assets. Subsequently, more accurate analysis has shown that it is indeed possible for a household to own just a few assets, for example, up to a maximum of four livestock units, and still be very poor”
- (4) “poor households require a small amount of cash, to meet their non-food requirements. The need to introduce other forms of assistance such as a small amount of cash to instill a sense of being and confidence on the beneficiaries” was identified
- (5) “government had introduced other social benefit programmes such as RADP and it was found necessary to review the 1980 policy to prevent ‘double dipping’ but this excluded the Old Age Pension since eligibility was not means-tested”
- (6) “the need to emphasize the rehabilitation component was found to be critical” (MLG, 2002:3).

Thus, the revision was necessitated by the “changing social conditions” (Ulriksen, 2017:82).

The monthly benefits include a food coupon (similar to the OCP) valued between P450 and P550 by October 2002 depending on locality (higher in remote areas with high food prices) and family size or the number of dependent children and a cash allowance pegged at P70 since October 2002. The amount of the food basket is doubled “for families of five or more members” (Tesliuc et al., 2013:24). The cash component is meant to cater for other non-food individual needs, bestow dignity and pride on destitute persons (MLG 2002a:7).

The 2002 policy provides for the support of three categories of destitute children, that is, “minor children”, “needy children” and “needy students”. The policy redefined a destitute child as “a child under the age of 18 who is need of care and may not be catered for under the Orphan Care Programme, or has parent(s) who are terminally ill and are incapable of caring for the child, or has been abandoned and is in need of care”. “Child in need of care” is “a child who has been abandoned or is without visible means of support; has no parent or guardian or has a parent or guardian who does not or is unfit to exercise proper control over the child; engages in any form of street trading, unless he has been deputed by his parents to help in the distribution of merchandise of a family concern; is in the custody of a person who has been convicted of committing upon or in connection with a child any offence referred to in part IV of the act; or frequents the company of an immoral or violent person, or is otherwise living in circumstances calculated to cause or conduce his seduction, corruption, or prostitution,” (see Botswana Children’s Act, 2009 Section 14) (GoB, 2009). “Children in need of care” therefore refers to “orphans, abused, abandoned, and neglected children” (Maundeni, 2009). Children under 18 years also qualified as destitute persons if they lived under “difficult circumstances”. Such categorisation shows the government has always done something but not “too much” for its poor citizens. Consequently, the support has provided useful social safety nets for families with children but has remained fragmented (Seleka et al., 2007) and modest.

In both the original and revised versions, the policy objective of ensuring “government provides minimum assistance to the genuine destitute persons to ensure their good health and welfare and to alleviate poverty” (MLG, 2002) did not change. The policy states that the government will provide “destitute persons with a reasonable level of benefits” that will motivate them to use their efforts to escape the poverty trap and not “serve as a disincentive to such persons making an effort to obtain a sustainable livelihood”. The extent of government assistance is to “allow some latitude before the disincentive level is reached”. For destitute children under 18 years this meant furthering their education to the best of their ability” (MLG, 2002:10). By defining these responsibilities and obligations of persons receiving government assistance, the BDP government emphasizes that social provision for the indigent should be temporary and of last resort. Support should also be only for people who are “genuinely” destitute. Poor people should turn first to other means of work, family or community support and only in the event that these institutions fail to meet their basic needs, i.e. they are “genuinely” destitute, will government intervene. The clause, “It is the responsibility of the eligible persons to make the most out of the rehabilitation opportunities that are provided by government” (*ibid.*), reminds beneficiaries that government can only assist to a certain level (provision of basic needs and rehabilitation programmes), beyond which the poor should endeavor to work for their own well-being. Botswana seem to share the credence that “there is dignity in working” as opposed

to receiving social assistance. “Parents or caregivers must work for their children. They should not just expect to receive social assistance from government. We are guided by *botho*, values that guide our behaviour to respect and assist each other in time of need”.<sup>21</sup> Another interviewee said, “They are our children. We must see that they are provided for, not by the government. We always have ways of helping each other in our communities not to start by running to the government.”<sup>22</sup> Similar sentiments were echoed in other interviews with government officials.<sup>23</sup>

This philosophy of providing minimal assistance but “enough” to empower the poor to work for their welfare has largely informed the design and implementation of child social protection programmes in Botswana. Poor families with vulnerable children (destitute children) are subjected to a means-test before they are certified as eligible candidates for the destitute programme and those who qualify are usually registered on a temporary basis except for the chronically sick or disabled. Similarly, the OCP is limited to a narrowly defined category of orphans that excludes single (one parent surviving) orphans such as those living with their mother but the father is deceased accounting for about 6% and 9% of all children in 2001 and 2008 assuming that the parent present will be able to provide for the child(ren).

The revised policy emphasized beneficiary graduation upon rehabilitation despite that the majority of those enrolled on such programmes are “old, sometimes frail persons with low educational levels and few skills” (Ntseane & Solo, 2007:92). Rehabilitation was meant to promote self-reliance but the number of able-bodied persons on the Destitute Persons Programme increased to “alarming rates” (8,785 in 2008) raising government concerns about dependency. For this reason, two thirds of this category had been moved to government workfare Ipelegeng programme by 2010 (Tesliuc et al., 2013:25). This transfer cemented the BDP government’s view that family and child support should first and foremost be sought from work, a notion dating back to Seretse Khama’s emphasis on “self-help” – working in subsistence farming, or for the community or state through a public works programme - captured in Botswana’s first full National Development Plan in 1968 (Seekings, 2016a, 2016b).

---

<sup>21</sup> Interview with Angelinah Montshiwa, BONELA Programme Manager, 7 October 2015.

<sup>22</sup> Interview with Olebile Gaborone.

<sup>23</sup> Separate interviews with Olebile Gaborone; P Nguvauva and Gomotsanang Manne (OVC Coordinator- Legislation and Policy, 7 October 2015, Gaborone)..

To protect the increasing number of needy students, the revised Destitute Policy provided for a *Head Start Programme* (MLG, 2002). The programme's near cash benefits are similar to the OCP but it is the adult destitute person who is registered and receives cash and a family food coupon. Under this programme, "*needy students*" are defined as, "needy children" who are at school or in vocational training or tertiary education." These include destitutes under 18 who are not cared for by other programmes, but "are mainly children in the households of registered destitute persons." The level of support for *needy students* depends on whether the child is at pre-school, primary, community junior secondary, senior secondary school or vocational training and tertiary institutions. Benefits offered are similar to the OCP. In recognition of difficult circumstances under which needy students study, they are considered for repeating at school to allow them to improve their grades (MLG, 2002). "Sponsorships and scholarships for students in tertiary education, as part of this programme, accounted for 1.4 % of GDP spent in 2012/13 (Tesliuc et al., 2013: x). This budget is huge and incomparable to any of the other social grants for children. Tesliuc et al. (2013:xiv) argue that these programmes are "likely to be regressive, benefiting mostly rich and upper-middle income students," and while they promote skills development, "[t]heir use results in a private benefit, with fewer positive externalities than in primary or secondary education." Such high expenditure show government commitment "to ensure that every child gets access to education, including tertiary" with the ultimate goal of breaking intergenerational poverty and invest in human capital development through "ensuring that children attain the highest level of education, so that they can compete in the labour market".

The government revised the Destitute Policy together with *National Policy for Rural Development* in 2002 to cater for socially and economically marginalized families with children living in remote areas, covered by the *Remote Area Dweller Programme*. The Remote Area Dwellers Programme beneficiaries are not means-tested (Tesliuc et al., 2013:38); eligibility is open to all children living in selected remote areas and belonging to the previously disadvantaged Basarwa ethnic group. Like in other programmes, children from such disadvantaged families receive material benefits such as food, toiletry, bedding, transportation and other educational expenses. Again, the food basket under the OCP applies to children in these families. Government assistance to these children is both a safety net and investment in human capital as it is meant "to enable school going children to participate in the education system and allow them to compete effectively in the job market and graduate from the remote area dweller programme support" (Tesliuc et al., 2013).

The policy reforms initiated by president Mogae show his pragmatism on the one hand and his alignment to partisan politics on the other. The social programmes he introduced, and the reviews of existing policies instituted, promoted

inclusivity but simultaneously supported his political ambitions especially through using the programmes to campaign against the competitive political opposition and seek reelection. The reforms reflected the BDP's familial ideological orientation, promoting family targeted primarily in-kind benefits limited to the neediest families.

### **3.3. BDP's political insecurity, (un)employment and vulnerability induced social transfer reforms, 2007-9**

The BDP continued to face a strong political opposition in the 1999 and 2004 elections. Although the UDC's share of the vote declined from about 38% to about 26% in 1999 and 2004, the united party continued to cause electoral discomfort to the BDP. During 2007/9, the BDP's political insecurity persevered yet the government faced another structural challenge – high unemployment leading to increased vulnerable families with children. Like many other countries globally, Botswana experienced the effects of the 2008 Great Recession much earlier. The BDP responded by expanding the food basket to OVCs and made the public works programme a permanent scheme. However, these “pro-poor” reforms were politically strategic since they were instituted before the 2009 elections and might have helped the BDP to expand its political support base into the urban areas. The reforms were conservative in that the programmes remained familial and targeted at “destitute” families.

In 2007 the Department of Social Services (DSS) expanded the coverage of the Destitute Persons Programme to households designated as households with OVCs - previously excluded poor families with parents/caregivers who were unable to meet their children's needs because they were not gainfully employed or were chronically ill. Orphan caregiving households (already receiving or eligible for OCP) with vulnerable children were also targeted.<sup>24</sup> Caregiver/parent employment status became important in the designation of OVCs households.

Recognizing the increasing number of OVCs, government had spearheaded social transfer provision especially to orphans through the STPA without a major focus

---

<sup>24</sup> In 2007, and up to 2010, OCP food basket was for individual orphans only. The basket was rationalised in 2010.

on vulnerable children. The exclusion of vulnerable children during the formulation of STPA was as a result of the plan being “largely guided by a rapid assessment of orphans” without considering “the distribution and magnitude of problems facing orphans (not to mention other vulnerable children)” (MLG, 2006:6). A 2005 MLG-UNICEF supported evaluation concluded that, “STPA has managed to reach virtually all eligible orphans with food packages” that “helped to protect not only the nutritional status of the orphans, but also other children in orphan caregiving households, and even caregivers” (MLG, 2006: xv). The evaluation established that “orphan” food was shared among family members suggesting that the OCP basket was already a “family basket” although the government did not initially see it as such. While acknowledging that the move from an orphans to an OVC orientation” was already underway as some vulnerable children in destitute families were supported under the Destitute Persons Programme, the evaluation recommended a “move from an orphans focus to an OVC focus” (*ibid.*: xvii).

Based on these recommendations, the MLG, supported by USAID/PEPFAR, commissioned a National Situation Analysis on OVCs in mid-2007. Prior to this analysis, the Destitute Policy had defined vulnerable children other than orphans as: “street children; child labourers; children who were sexually, physically or emotionally exploited, neglected or abused; children with disabilities; and remote area dweller children from minority groups” accounting for 9% (67,900) of all children in 2008, doubling from 33,380 in 2003 (MLG, 2008:41). In contrast, MLG broadly defined vulnerable children as children “below the age of 18 years who live in an abusive environment; live in a poverty-stricken family and cannot access basic services; heads a household; lives with a sick parent(s)/guardian; is infected with HIV; lives outside family care” (MLG, 2008: viii). But MLG (2008:10) only adopted two measurable criteria, that restricted vulnerable children to children “below 18 years living in a household where there was no person who was gainfully employed” (constituting 31%) or “where there was a person who was critically ill for at least three months” (constituting 4%), to estimate the prevalence of this category of children. Similar to the STPA evaluation that observed that, “the rapid rise in the number of orphans has coincided with a rise in the number of vulnerable children, including children in households caring for orphans, but also other households” (MLG, 2006:8), nearly 31% of children were identified as vulnerable (and about 17% as orphans using the international orphan definition) as they lived in poverty, child-headed households or struggled to grow up in families prone to internal conflicts, alcoholism, abuse and poor parenting skills. Almost all OVCs lived with family relatives but “most of the relatives were unemployed (about 58%), widowed or grandmothers with a low education and low income.” Furthermore, “90% of the households were female-headed,” up from 68% of orphan caregiving households in 2001 (MLG, 2008:29). An increasing number of unemployed youths were

living in poor families and cared for by the elderly (43% of heads of households surveyed were grandmothers), highlighting “that the burden of care is falling on the most aged and frail, the grandmother”.

The OVC situation prompted the MLG through the Social and Community Development (S&CD) departments at council level to start registering “vulnerable children” who were not benefiting from any other social assistance programmes under the Destitute Persons Programme. Three categories of vulnerable children (needy students, needy children and children in need of care<sup>25</sup>), defined as a “person below the age of 18 years who is in any situation or circumstance which is or is likely to adversely affect the child’s physical, emotional, psychological or general well-being, which prevents the enjoyment of his or her rights, and who is in need of protection”, were identified<sup>26</sup> (MLG, 2008). The number of registered vulnerable children benefiting and receiving similar support as orphans has been increasing. The number increased from 25 483 in 2008 to 29 033 in 2009 and a peak of 34 633 in 2010. By October 2015 the number had decreased to 33 681 as more children exited the programme compared to entrants. Entrants were few due to the shortage of social workers who were overwhelmed by other duties than assessing referred children.<sup>27</sup>

The unemployment statistics show that the structural challenges facing the family, particularly in urban households, had extended from AIDS to unemployment. Hamer (2016:12) summarised the economic situation,

In 2008, the country’s real GDP contracted by 6% and jobs in the mining sector fell by almost 10%. Nearly one out of five Batswana lived below the poverty datum line and the unemployment rate was

---

<sup>25</sup> Needy students refer to children from destitute families who attend school whilst needy children refer to children from the same families either of below school-going age or out-of-school.

<sup>26</sup> “A child in need of protection” refers to “a vulnerable child under the age of 18 years and includes a child who is temporarily or permanently deprived of parental care and support; or who is temporarily or permanently deprived of his or her family environment and care; or heads or lives in a child headed household; or displays behaviour which cannot be managed by the parent, guardian or other person; or suffers from physical/mental disability or any form of chronic illness; or is involved in work which is harmful to his or her emotional, physical, psychological, social or educational development or well-being; or suffers/lives in abusive circumstances; or lives in circumstances calculated to be cause or conduce to the child’s seduction, prostitution or corruption; or is in contact or conflict with the law.”

<sup>27</sup> Interview with P Nguvauva

18%, though this rate was no doubt much higher among the youth and in rural areas.

Unemployment related child vulnerability, especially deepening poverty, necessitated the targeting of vulnerable children. The expansion could have been part of the BDP's strategy to generate support by correcting the "insufficiently inclusive growth" that had reduced its electoral support (Hamer, 2016:9). These reforms indicate a slight but not clear shift to poverty targeting, reflected in the means test (chronically ill or unemployed guardians), but provision remained familial, in that the programme targeted no individual children but families with vulnerable children. BDP always made programmatic responses to the social protection needs of the poor families (see reforms of the destitute policy and institutionalisation of drought relief, for example) as the "poor constituency" formed its strong support base.

Despite the augmented reach to a wider range of "vulnerable" children, many children continued to be excluded from the deserving category because the government remained anxious about both "dependency" and "affordability". The BDP administration expected that the situation of vulnerable children would improve and that the registered numbers would decrease once their parents or caregivers were empowered through poverty eradication programmes such as Ipelegeng and other government funded income generating activities. With that view, against all evidence reported by social workers on the deteriorating situation of vulnerable children, the ongoing increase in the number of vulnerable children was considered temporary and did not warrant a stand-alone long-term policy intervention.<sup>28</sup>

Donors played a significant role in advocating for the expansion of support to vulnerable children other than orphans. The 2006 STPA evaluation and the 2008 Situation Analysis on OVCs were primarily funded by UNICEF Botswana and USAID/PEPFAR respectively. Through the evaluation, UNICEF, as an international United Nations (UN) agency advocating for universal coverage of child social protection globally, successfully lobbied for a paradigm shift among policy makers from focusing on orphans to include other vulnerable categories. Together with USAID, UNICEF stimulated political will and government financial support to have expanded support for OVCs, as government agreed that expanding the programme to other vulnerable children was a virtuous way of addressing the OVC problem. Government recognised the expansion as a way to strengthen the disintegrating family structure struggling to provide for children. For USAID, political and financial buy-in of the expansion was important as it

---

<sup>28</sup> Interview with Olebile Gaborone.

was part of its exit strategy. At the time of the expansion the OCP was principally funded by USAID. USAID's strategy was first to have government enrol vulnerable children on the tax-funded Destitute Persons Programme and later allow government to take over OCP. While the government immediately adopted the expansion recommendations, it only took over OCP funding in 2013.<sup>29</sup>

The USAID-funded Situation Analysis on OVCs became "a precursor to the development of a National Policy on Orphans and Vulnerable Children", still a draft, that would guide the expanded provision of essential services to vulnerable children (Government of Botswana, 2013). The draft policy is destined to provide an overarching framework to support and guide delivery of comprehensive, inclusive, "age appropriate, integrated and quality responses to all vulnerable children", contrasting previous OVC responses which tended to separately focus on orphans and other groups of vulnerable children and did not tend to be well guided, coordinated or monitored (Government of Botswana, 2013). The policy, like Zimbabwe's Harmonised Social Cash Transfer, promotes a family care approach to the care and support of OVCs. However, the strategic emphasis of the policy on social protection is "targeted interventions and services provided on the basis of assessed needs and vulnerability", presenting both "government's intention to promote and protect the rights" of Botswana's most vulnerable children and its minimalist approach to social provision for families with children. The proposed policy has gone through two drafts (2009 and 2013) but is still awaiting Cabinet review, perhaps because the government would rather support OVCs caregivers through employment and self-employment initiatives to strategically limit the number of vulnerable children on government support.

Another unemployment-related reform instituted by the BDP government is the rebranding of the Labour Intensive Public Works Programme (LIPWP), introduced in 1978 to 2007. LIPWP was a temporary programme implemented as a form of drought relief to provide income support to poor families particularly in the rural communities (Ulriksen, 2017). Although it does not directly target children, it is likely that some children were reached indirectly as children tend to be overrepresented in poor families. The programme, starting with in-kind and later cash payments, provided "subsistence level" benefits of about P10 per day (Ntseane & Solo, 2007). LIPWP became popular to the rural poor and secured the BDP political support (Ulriksen, 2017; Molutsi, 1989).

The LIPWP (now Ipelegeng) was made permanent in 2008, still targeting the poorest but no longer drought related and expanded to urban areas (Government of Botswana, 2009), perhaps to curb urban unemployment. Despite dependency

---

<sup>29</sup> Interview with a government official who preferred anonymity.

concerns about Ipelegeng, institutionalising it was BDP's political decision to continue soliciting rural political support and to win urban voters.

Most poor people ended up depending on the programme for their livelihoods. The total number of people employed increased from about 100,000 in 1992/3 to about 180,000 in 2007 (Ulriksen, 2017:80). Ipelegeng is said to benefit over 200,000 a year but because people are employed on rotational basis, this might be an overestimate. Ulriksen (2017) proposes counting monthly as opposed to annual beneficiaries. This might have reduced the participants to about 55,000 in 2012/3 (Tesliuc et al., 2013:x), representing about 3% of the population. It is not clear how many children indirectly benefited from Ipelegeng but an average household has two children in Botswana. Hence, children double the number of participants who might have been indirectly reached through Ipelegeng in 2012/3.

Both the rebranding of Ipelegeng and the expanded coverage of OVCs could have helped the ruling party to be reelected in the 1999, 2004 and 2009 elections. Rebranding Ipelegeng was crucial in securing BDP electoral support in the highly competitive 2014 elections (Hamer, 2016). Literature on conditional cash transfers has shown that voters reward presidents and ruling parties who provide cash transfers (De La O, 2015, 2013; Zucco, 2008; Zucco & Power, 2013; Hunter & Power, 2007). The provision of unconditional cash transfers in Southern Africa also secured incumbent presidents' political support to win elections (Hamer, 2016; Hamer & Seekings, 2017; Siachiwena, 2017; 2016).

### **3.4. Social transfer (failed) reforms during the BDP's return to political security, 2010-17**

BDP's share of vote declined from about 68% during the first election in 1965 to about 52% in 2004. But in 2009, the share increased to about 54% while the strongest opposition, the UDC, polled about 22% (declining from about 26% in 2004). The slight increase in BDP's share of vote, showing increased electoral support in 2009, could have fostered complacency within the party. The BDP had no incentive to make substantial social grants reforms in contrast to the pressure experienced after the 1994 elections. A weak electoral threat usually contributes to resistance to reforms by incumbent parties, as is the case in South Africa (Seekings & Nattrass, 2015). The result of BDP's complacency was a period of "no reforms" and rejections of proposals for new cash transfer programmes. The complacency, however, might have cost the ruling party in the 2014 elections, which it won but with less than half of the share of vote.

Between 2010 and 2013, the only successful change that might have been driven by the BDP's familial ideology (hence conservative) is the rationalisation of the OCP food basket in 2010. Until 2010 each orphan registered under the OCP would receive his or her food ration. A household with three orphans would receive three food baskets. Rationalisation implied that a "family" food basket was provided based on the number of household members. In other words, the basket depended on family size rather than eligible individuals, suggesting a shift from individual to family focus. The food basket per each benefiting household was calculated based on family size and age of household members. Using this formula, "one orphan plus two family members are entitled to one food basket; one orphan plus three or four family members receive one additional food basket and; one extra food basket will be allocated for every two additional household members."<sup>30</sup>

Rationalisation had earlier on been applied to the revised destitute programme whereupon, recognizing that destitute people shared their food rations with other household members, government assistance to a destitute household became proportional to the size of the family<sup>31</sup> in line with the *family care approach*. This familialist approach was compelled by government's concern about reported wastage of surplus food especially in houses with many orphans but receiving "more than enough", increase in abuse (reselling) of food basket and financial sustainability of the programme. There was need to "rationalize and redistribute" rations from recipient families perceived to be abusing food to other needy groups. Government was also aware of the increasing number of OVCs in Botswana but had no stand-alone programme for vulnerable children as they were covered under the destitute programme. Realizing that many of the households with orphans, and already receiving a food basket, included also other "vulnerable" children, government rationalized the food basket to allow both orphans and vulnerable children to benefit from the basket without having to introduce a transfer specific to vulnerable children.

Rationalisation also implied a reduction in "destitute" families as OCP beneficiary households would not qualify for government support under the Destitute Persons Programme.<sup>32</sup> Consequently, it was effective in ensuring that

---

<sup>30</sup> Interview with Gomotsanang Manne.

<sup>31</sup> After rationalisation, additional food ration packages were given as follows: one destitute person plus two dependants were entitled to "one food basket; one destitute person plus three or four dependants were entitled to one additional food component ration package; one extra food ration was allocated for every two additional dependants" (MLG, 2002)

<sup>32</sup> Interview with government official who preferred anonymity.

poor families access basic needs but created another problem. For families that were not considered under the destitute programme but had rationalized food baskets (because they had orphans), vulnerable children in such households were at risk of falling into destitution or remaining destitute. While “orphan households” benefited from the food component, vulnerable children in the same households fell short of school fees and other education related assistance only available to orphans and needy students or children. This exclusion error was a deliberate mechanism, on the part of government, to reduce the number of poor families depending on government provision. A government official indicated that, “It is working for us”. Rather than introducing an unconditional child grant targeting all children under 18 years living in poor families, the government opted to rationalise the OCP food basket as, complemented by the already rationalised food basket for destitute persons, more poor people were already receiving government support.

Rationalisation of the food basket could have been BDP’s strategy to reject an international organisations and donor proposed “Child Support Grant” (CSG) similar to South Africa’s CSG (Turner et al., 2011; GoB, 2010:98). In 2009/10 government, through DSS in the MLG, supported by UNICEF and RHVP, commissioned a countrywide situation analysis and development of a framework for social protection led by a team of international and national social protection experts.<sup>33</sup> The international consultants were led by Frank Ellis, a UK-based social protection specialist whose earlier work in Southern Africa in 2008 (Ellis, 2012) and elsewhere is against targeted cash transfers. The local consultants were Dolly Ntseane, an academic, seasoned researcher and consultant in social policy and social work, based at the University of Botswana, and Tebogo Seleka, the Executive Director of Botswana’s leading independent development policy think tank with a history of poverty reduction strategies. The team identified emerging social protection needs for children and developed a Social Development Policy Framework for Botswana (see Devereux et al., 2010 & Ellis et al., 2010).

The purpose of the CSG “would be to curb the hunger, malnutrition, social exclusion and other forms of deprivation to which many children are vulnerable, especially in poorer families and most seriously in their pre-school years, with potentially lifelong consequences.” Like in South Africa, the CSG “would involve payment of a regular monthly cash grant, (adjusted annually for inflation), to the primary caregivers of children” (Turner et al., 2011:97) and was costed at 1.2% of GDP (similar to South Africa) in 2010 (but with the anticipated cost dropping to 0.7% by 2020 as GDP grew and poverty declined) (Devereux et

---

<sup>33</sup> The team comprised Frank Ellis, Nicholas Freeland, Stephen Turner and Philip White and two nationals, Dolly Ntseane and Tebogo Seleka.

al., 2010). Anticipated to make a broader-based assault on poverty and “substantially limit the costs of providing emergency relief in the event of shocks and disasters such as drought” (Turner et al., 2011:100), the proposed CSG could be introduced incrementally, beginning with the youngest age group (for example, 0-6 years) and gradually extending it to all those under 18 years. The CSG initial transfer would be set at “P100 per month (with subsequent annual consumer price index linking)” and means-tested “through specifying an appropriate index-linked upper earnings limit for the primary carer and spouse, and/or targeting it to poorer parts of the country, in order to concentrate benefits on the most needy” (Ellis et al., 2010:13). The rationale for the grant was its potential to combat the “vulnerability and inequality that is offered by the patchwork of existing social assistance measures” (*ibid.*: 11).

Despite support from bureaucrats in the Department of Social Protection who thought the CSG “would reduce the administrative burden of screening deserving children as well as reduce workload for overburdened social workers”,<sup>34</sup> the BDP government rejected the CSG proposal. Instead, it rationalised the food basket to ensure all needy families accessed food. The cabinet argued against the CSG, as “not every child requires government assistance and universalism will cause dependency and laziness which is against government policy that is encouraging graduation and self-reliance through participation in government funded poverty eradication self-help programmes.”<sup>35</sup>

This view seemed to be shared among political elites within the BDP. President Ian Khama had reminded “the nation at large that ...we need to rekindle our spirit of self-reliance” in his 2009 inauguration address to the National Assembly (Khama, 2009). Makgala (2013) argues that the ethos of self-reliance and self-help have been part of the Batswana tradition but were being eroded and replaced by overdependence on the state. Khama’s speech seemed determined to preserve this ethos. Continuing with the current safety nets reduces over reliance on government support at the expense of *boipelego* (Setswana word for self-reliance). The rejection also reflects government’s view of the poor, that it should only support those that are poor and not able to support themselves and their families through labour. Contrary to evidence from “Mexico’s PROGRESA<sup>36</sup> programme and South Africa’s CSG” ascertaining that cash transfers “actually reduced dependency by making it possible for recipients to look for and find paid

---

<sup>34</sup> Interview with P Nguvauva.

<sup>35</sup> Interview with Olebile Gaborone.

<sup>36</sup> Programa de Educación, Salud y Alimentación

employment” (Devereux et al., 2010:71; Surender et al., 2010), the Botswana government perceived that introducing the CSG would mean even the “working poor” families will benefit if their income fall below the set eligibility threshold and would discourage people from working for their families.<sup>37</sup> UNICEF, RHVP and other partners had taken the opportunity to build evidence for the development of “A Social Development Policy Framework for Botswana” to put the CSG on the political agenda but lacked political support from the conservative BDP government that preferred to continue addressing poverty through economic growth rather than introducing a more inclusive child grant.

Despite the political elite’s resistance to reform social transfers, international agencies continued to make proposals that seemed to support BDP’s preference but they were rejected. In 2013 the World Bank collaborated with BIDPA to assess Botswana’s social protection system focusing on social assistance programmes to inform the country’s “future social protection and labour strategy and help achieve the goals of Vision 2016” (explained later), which encompasses lifting “84,000 families (336,000 people) from absolute poverty by 2016” (Tesliuc et al., 2013:3). Even with the existing safety nets, a large number of families were still living in absolute poverty, Tesliuc et al. argued. Tesliuc et al. (2013) also observed that these programmes were a significant draw on government’s budget at a time “revenues from mining are projected to decline”, hence the need to “increase the cost effectiveness of existing programmes.” This could be achieved through “a better weaving of the safety net through the introduction of a last resort, poverty targeted programme,” a Family Support Grant (FSG). Such a programme would eradicate poverty in a budget neutral way as it will be funded from 0.4-0.6% of GDP redirected from sponsorships and scholarships programmes that accounted for 1.4% of GDP in 2012/3.

The proposed FSG would offer “a benefit of P85 per capita per month (equivalent to P340 for an average family of four) to cover all families living in absolute poverty<sup>38</sup> that were not reached by the existing programmes in 2013.” The grant was set to be implemented gradually as its design was to be developed in 2013, “piloting in 2014 and the full roll out by end of 2015” (Tesliuc et al., 2013). Three options for the FSG introduction were recommended: the first two options suggested “replacing existing Destitute Persons and Orphan Care programmes with the FSG that would continue to cover poor and lower-middle income families taking care of either orphans or have destitute persons” while a

---

<sup>37</sup>Interview with Olebile Gaborone.

<sup>38</sup> In 2013, absolute poverty line was P170 (US\$20) per capita per month and the total poverty line was P220 (US\$26) per capita per month (Tesliuc et al., 2013).

“complementary FSG” was a third option. The last alternative entailed offering “P85 per capita per month to all families identified by the proxy-means test as the 24% poorest, but only to family members who are not covered by other individual, more generous programmes.” Beneficiaries of Destitute Persons, Orphan Care, Old Age Pensions or Ipelegeng programmes would be excluded in the third option. Depending on option taken, the first alternative would be budget neutral while options two and three would cost 0.2 or 0.35% of GDP respectively. The grant was meant to target families in absolute poverty only, and beneficiary households would be selected through a proxy-means test, receive cash benefits and be expected to adhere to conditions as government would only provide cash to “poor families contingent on them investing in human capital such as keeping their children in school or regularly taking them to health centres.”

Although the FSG was to be a family-based poverty targeted programme resonating with the BDP government’s preferences, the proposed implementation mechanisms contrasted BDP’s preferred social assistance design. BDP favoured programmes that targeted the indigent and provided a safety net as opposed to a poverty targeted grant. Poverty reduction, as envisioned in *Vision 2016* and other strategic documents, should be achieved through economic growth, facilitating market-based interventions. The targeting form, i.e. the proxy means-test, had already been rejected in 2007 when BIDPA suggested it for selected safety nets such as the OCP (Seleka et al., 2007). At that time, and in 2013, government was more inclined to categorical targeting that seemed more appealing to the electorate, an indirect use of social protection for patronage purposes. As discussed, cash benefits were only introduced in 2002 as a small component of the in-kind assistance for adult destitute persons only, but government mistrusted beneficiaries for their abuse of such benefits. So, the World Bank’s proposal of a cash grant was met with obvious resistance.

A conditional FSG also did not appeal to the BDP administration as, historically, government did not impose conditions on social allowances. Moreover, if introduced, the grant was considered more “permanent” than most of the safety nets, save for the Old Age Pension and was likely to promote, rather than discourage, dependency hence contrasting the principle of “self-reliance” envisioned in the “national manifesto”- *Vision 2016*. As the World Bank anticipated, BDP seemed to find it “politically difficult” to replace existing programmes (options 1 and 2) and seemed concerned about the financial sustainability (option 3) of endorsing the FSG. Olebile Gaborone, Permanent Secretary in the Office of President and Head of the Poverty Eradication Unit, distanced himself and government from the FSG, saying “They [donors] are just

talking about it and courting us [government] to pilot it but I don't see that happening. We are not part of it at the moment".<sup>39</sup>

Researchers have attributed rejections of proposals for expansion to “anxiety about dependence and preference of workfare programmes” (Seekings, 2017:11). This might be true for general welfare programmes like the FSG and not for child grants. The rejection of proposals for new primarily cash transfer programmes that are poverty targeted also reflects the BDP's conservative ideology (familial), electoral dominance (albeit declining), declining electoral competition, weak civil society and inadequate international pressure.

The evolution of Botswana's CWR shows strong conservative characteristics, remaining familial despite proposals to reform it. Although near-cash social assistance was expanded to almost all children through familial provisions, the reforms demonstrate an enduring familial regime. In Botswana, children have a *de facto* right to social protection, and programmes have a wider coverage but with a perceptible “benefit gap” (low value child support) and, with the rejection of a poverty-focused CSG, remain in-kind.

## **4. Explaining Botswana's child welfare regime**

The distinctive features of the child welfare regime – the result of the evolution discussed above, including the rejection of proposals to introduce a Child Support Grant – are the result of structural, political, cultural and ideological factors. This mix of factors sustained the regime's familial characteristics despite proposals to reform it. It supported a CWR that remained familial (rather than poverty-targeted), continued with in-kind support and wide coverage but still governed by administrative fiat, not legislation.

---

<sup>39</sup> Interview with Olebile Gaborone.

## 4.1. “Structural” factors

AIDS-related demographic and social changes combined with unemployment to urge the ruling party to institute social transfer reforms. Since the diagnosis of HIV in Botswana in 1985, the country maintained high prevalence rates. AIDS hindered socio-economic development, increased infant and adult mortality and poverty rates as some working age adults were too sick to work (BIDPA, 2000). The number of orphans increased dramatically. Concern over AIDS orphans prompted the government to prepare and adopt a National AIDS Policy (1998) to reduce “the impact of HIV/AIDS on society” through, among other activities, “provisions for orphans”, reviewing the Destitute Policy “to make special provision for children orphaned due to AIDS” and “to make provision for distressed children of parents infected with HIV as well as those sick with AIDS” (MLG, 2006:3). The following year the STPA was formulated and the OCP was initiated to provide orphans with in-kind benefits to cover their immediate basic needs.

Environmentally, Botswana has always been prone to drought, hence the extensive coverage of social protection programmes. It became government policy to provide for the needy during drought and non-drought years (Seekings, 2016a). According to Seekings (2016a:3), drought shaped how the BDP leadership understood “not only poverty, but also and more broadly the roles of state, market and kin in meeting people’s basic needs in the new Botswana.” The poor became the responsibility of the community or themselves through labour, writes Seekings (2016a). For a “population dependent largely on subsistence production”, Botswana’s “harsh, drought-prone physical environment” (Selolwane, 2012:2) limited subsistence farming to further expose the rural poor to increasing poverty. “About 70% of rural households still depend in part on agriculture for their livelihoods, which are based on low and erratic rainfall, poor soil, limited inputs, and rain-fed systems of low productivity” (Tesliuc et al., 2013:15-6). An increase in population also increased demand for income support. Government responded through expansive food aid. In effect, drought relief expanded the child welfare regime as more children in drought-affected families benefited from government food aid other than conventional programmes such as the OCP.

Botswana has experienced high rates of unemployment from the 1970s increasing the number of poor families requiring government support. Unemployment increased from 18% in 2010 to 20% in 2014 (GoB & UNDP, 2014). In 2014 Afrobarometer reported that unemployment was considered the most important

problem by 58% of the respondents<sup>40</sup>. The temporary or short-term problem of deagrarianisation during drought became a long-term problem of unemployed adults who were unable to support themselves on the land or through the labour market. Hamer (2016) shows how the government responded in part through making its workfare (Ipelegeng) programme permanent, rather than short-term responses to drought. Ipelegeng benefited more children indirectly, hence extending coverage of the child welfare regime.

The 2008-9 recession resulted in an increase of people living in poverty due to job losses, particularly in mining. In response, the government opted to provide a dual regime of social protection: “relatively good protection for the categories of the employed and low protection for the categories of the unemployed, poor and the rural citizens” (Mupedziswa & Ntseane, 2012). Low protection (parsimonious benefits and covering most, but not all, the poor) strategically discouraged dependency on state.

Besides, like other countries in the Southern African region, the country has experienced rapid social changes that resulted in increasing destitute families, weakened poor families with OVCs, mostly female and elderly headed, in the mid-1990s and the late 2000s. Such family dynamics increased children’s vulnerability to multiple deprivations and government opted to provide basic essentials in the form of family-based in-kind food benefits and education assistance to a large number of children in such families. The “familial safety nets” provision conforms to Esping-Andersen’s conservative regime type that is “committed to the preservation of traditional familyhood” at a time “when the family’s capacity to service its members is exhausted” (Esping-Andersen, 1990:27). Thus, structural factors, especially AIDS and unemployment, became important in shaping familial provision of social transfers in Botswana. Despite the changes in policies including shifting from orphan to OVC focus, the objective to help the family did not change hence provision remained familialistic.

---

<sup>40</sup> <http://www.afrobarometer.org/countries/botswana-0>, Accessed 10 August 2015.

## 4.2. Cultural factors

Familialism in Botswana's CWR was, in part, promoted by the national culture. The reforms of the OCP from targeting individual orphans to a family targeted food basket, the rationalisation of the food basket to consider all family members, and the expansion of the food basket to other vulnerable children by targeting their families, reflect the government's efforts to preserve the Batswana culture of sharing and keeping the family ties. In the culture and tradition of Batswana, before independence in 1966, poverty and destitution were addressed through informal social protection arrangements encompassing family and kinship. As such, public policy was "premised" on the idea – prevalent across most of Africa – that "traditional" social arrangements addressed poverty in rural areas (Seekings, 2016a: 8). The traditional (informal) measures were grounded on the notion of *botho* (also *ubuntu*, *vumunhu*, *vhuthu* or *humanism* in other countries), a concept linked to cooperation and working together and "compels individuals and families to care for the needy out of a moral obligation," (Mupedziswa & Ntseane, 2011). On the basis of *botho*, Batswana believe "those who are privileged at one point may become vulnerable at another point, hence the need to support relatives, neighbours and community members." As a result, the family provided needed support and care to *motlhoki* (destitute) (Mupedziswa & Ntseane, 2011). But such social protection initiatives have been daunted by the HIV and AIDS pandemic that weakened traditional support systems and family ties in the country since 1985 (Kerapeletswe, 2008:112). The provision of modest family-based social assistance since 2002 for the Destitute Persons Programme and 2010 for the OCP became government strategies to promote the *botho* spirit of sharing among family members as well as strengthen the family's capacity to provide. The strong emphasis on family stimulated family food coupons offered through the various programmes. The "near-universal insistence on keeping orphans within the homes of their extended families, out of respect for Tswana traditional practice" (Dahl, 2009:23-4) could have supported the familial CWR in Botswana.

Apart from prioritizing employment-based welfare, BDP governments partly appreciated these traditional systems to the extent that it did not extend the formal interventions to all the needy children, on the basis that the family would provide. As long as a child has an immediate family, the responsibility of providing for that child primarily rests with parents even if they are poor. If government decides to assist such poor families the assistance should not be mistaken for an

entitlement.<sup>41</sup> This view, which seems to be shared among the political elites, partly explains government's earlier focus on orphans more than other vulnerable children, the lack of legislative framework for the provision of social transfers and the family-based in-kind support. Despite the apparent weakening of the family, children still largely rely on assistance from family and kin. State assistance is, therefore, restricted to those who need it most, particularly orphans, vulnerable or destitute children based in rural and remote areas. The role of the state is to come up with mechanisms that empower the family to be able to provide for its members.<sup>42</sup>

Since the advent of AIDS, Botswana has gone through rapid socio-economic, cultural and political changes. The UNDP reported in its Human Development Report that, "the extended family can no longer cope with both the quality and quantity of care required by children in need of care" (UNDP, 2000). While government has acknowledged that these traditional institutions have transformed and have been weakened (MLG, 1999), policy makers still believe family and kin must be able to provide with very minimum government support (*ibid.*). The support, extended partly through "a social safety net for those who find themselves in poverty for any reason" (GoB, 1997:10), contributes to building a "compassionate, just and caring nation" as expressed in *Vision 2016*. Vision 2016, Botswana's seven-pillar<sup>43</sup> long-term development strategy, envisioned "national socio-economic progress" for all Botswana through inclusive growth. The Vision, guided by the principles of development, democracy and self-reliance, underscored the need for self-reliance promoted through citizen empowerment programmes designed to graduate people from social safety nets. Since 1996 when *Vision 2016* was initiated, there has been a change from a "welfarist" approach to emphasis on economic growth as a means of poverty reduction. Kerapeletswe (2008:112) argues that Botswana has been "too welfarist" in its approach to poverty reduction and this has created "perpetual dependence" on government which, she concludes, is retrogressive as it has yielded limited success in poverty reduction. Consequently, child benefits have remained parsimonious yet the family is expected to remain "strong". The frailty of such high expectations from family and kin on the basis of government's employment and "self-employment" based solutions to improving the welfare of

---

<sup>41</sup> This view is shared by many high-ranking government officials interviewed in the ministries of finance, local government and Office of President.

<sup>42</sup> Interview with Olebile Gaborone. Also see Poverty Eradication Strategy, 2003.

<sup>43</sup> The pillars are: An Educated, Informed Nation; A Prosperous, Productive and Innovative Nation; A Compassionate and Caring Nation; A Safe and Secure Nation; An Open, Democratic and Accountable Nation; A Moral and Tolerant Nation and; A United and Proud Nation.

the marginalized is that the impact of many of the “empowerment” programmes housed in the Poverty Eradication Unit in the Office of President are still to be realized. For the political opposition, the programmes have not done much more than keeping people busy and earning the ruling party more political support than strengthening and enabling the family to provide for children would.<sup>44</sup>

### 4.3. Ideological factors

Botswana’s CWR strongly reflects the BDP government’s benign conservatism since taking power in 1966. Despite the evidence suggesting that poverty targeted grants were more likely to reduce child and household poverty, the BDP rejected the CSG and FSG proposals. The BDP administration’s strategic plans prioritised market-based poverty reduction (through labour), with the state providing a safety net largely through in-kind assistance to the “very poor and vulnerable groups in society” (Seleka et al., 2007:2). The Revised Destitute Persons Policy (2002) stated that the government’s position on assisting poor people was to “confront the larger issue of providing programmes and opportunities which will enable persons to help themselves and not call upon government subsidies” (Kerapeletswe, 2008:109). Similarly, the Revised Remote Area Development programme was “targeted at the poorest member of remote communities, not on those community members who do have the means for their own sustenance” (MLG, 2009:8). Vision 2016 (see Tesliuc et al., 2013), Poverty Reduction Strategy (2003) and National Development plans all promote the need to grow the economy and self-reliance with minimum state support.

These policies reflect the norms of policy-making political elites within the ruling party. BDP’s preference for self-help contradicts with universal cash transfers or the provision of general support for poor families with children, proposed by international agencies and donors. Hence these proposals were rejected. “The BDP celebrated rural life, self-help and community, weaving these into a conservative ideology of social justice that decried excessive inequality and legitimated targeted interventions” (Seekings, 2016b: 13). The political ideology has perpetuated familial in-kind transfers that survived the change in national

---

<sup>44</sup> Interview with Duma Boko, President of Umbrella for Democratic Change and Opposition Leader in Parliament, 28 October 2015.

political leadership that preferred modest food rations to cash, perhaps on the assumption that children will be supported by their working parents or caregivers.

The paltry and inconsistent increments of the food baskets for the OCP and Destitute Persons programme reflects the BDP government's attitude towards social grants: that they make people lazy. The attitude is consistent with popular discourse of "Batswana people as having an appallingly lax work ethic" (Makgala, 2013:46). The attitude is reflected in the parsimonious benefits especially of individual grants. When the Old Age Pension was introduced in 1996, the government was very cautious to make the payment "enough to meet reasonable needs" but "did not want it to be so large that people would stop doing useful things" (Masire, 2006:234). Later presidents, Mogae in 2006 (Makgala, 2013:56) and Khama in 2009, called Batswana to revive the spirit of self-reliance. Earlier, in 1999, the BDP had underscored in its election manifesto, "Let us collectively create a life of self-reliance as opposed to a dependency syndrome '*Mokodua go tsosiwa o o itsosang*'."<sup>45</sup> The elite in Botswana were "opposed to cash transfers" because "there is too much welfare" with little impact but "creating dependency and laziness".<sup>46</sup>

#### 4.4. Political factors

Botswana did not experience significant CWR reforms during the period of BDP's political security. Political security promoted limited familial provision and rejection of proposals to reform the CWR. The conservative BDP has been democratically elected (winning comfortably) and ruled Botswana since independence in 1966. BDP's election victories have been largely due to its "impressive record of development and economic growth" (Hamer, 2016:2). Party competition between BDP and other parties mainly the UDC and BCP in the 1990s caused the BDP to lose its electoral base especially in the urban areas. The competition resulted in the BDP's political insecurity that urged it to make substantial social transfer reforms. Electoral competition from opposition parties,

---

<sup>45</sup> BDP 1999 election manifesto, p1.

<sup>46</sup> Interview with Keitseope Nthomang, Government Consultant, Professor and Head of Department of Social Work department at University of Botswana, 27 October 2015.

some branding themselves as “social democrats” changed the political landscape in the recent past. Support for BDP started waning after Seretse Khama’s death in 1980 and continued declining in the 1990s (see Figure 1). “The 1994 election gave the opposition Botswana National Front (BNF) 37% of the vote and since then, “elections in Botswana have continued to be characterized by this heightened political competition” (*ibid.*: 24). Seekings (2016c) concurs that electoral competition, particularly in the mid-1990s, provided immediate political impetus for the expansion of public policy. Both the ruling BDP and opposition BCP 1999 election manifestos advocated for OCP reforms but with different details. The BDP promised an AIDS orphans only programme while the BCP would introduce “an orphan policy” extended to both AIDS and non-AIDS orphans. In that year, after the elections, the BDP introduced the OCP for all (AIDS and non-AIDS) orphans, pushed by the opposition’s advocacy for such a programme (Hamer, 2016:6-7). However, the BDP has leveraged on the split in the opposition vote (Hamer & Seekings, 2017:1; Mokopakgosi & Molomo, 2004) to maintain its electoral dominance and conservative social policy ideology.

Earlier on, before 1994, the UDC had promised to expand social security (Ulriksen, 2017). After the first major competitive elections in 1994, the BDP sought to regain its political support by engaging in programmatic social policy reforms. Political competition urged the BDP to introduce programmes it was initially reluctant to introduce. The conservative reforms (as the expansion was limited to “destitute persons” and with less generous benefits), include the introduction of the OAP in 1996 and the OCP in 1999 (introduced during an election year).

Before the 2014 elections the BDP had always presented itself as pro-poor, and poor, rural voters were the bedrock of its electoral support. But from 1994 (see Figure 1) the opposition has gained more support, especially from the unemployed and working urban poor. Electoral competition, like structural changes - AIDS and later unemployment, urged the BDP to revise the details of its pro-poor branding. The result was shifting its focus on orphans to other categories of vulnerable children in 2007/8 to gain electoral support in the 2009 elections.

In its 1994, and later 2009 election manifesto, the opposition BNF did not only criticise BDP’s failure to reform social protection to address increasing unemployment, poverty and collapsed agriculture<sup>47</sup> but promised to “provide social welfare for the most needy” as a constitutional right through a

---

<sup>47</sup> BNF 1994 Election Manifesto, page 2 <https://sadcblog.files.wordpress.com/2011/11/bnf-1994-manifesto-botswana.pdf>. Accessed 10 August 2015.

“comprehensive social security legislation”. While the BDP continued emphasizing cash-for-work and other Public Employment Programmes, in 2009 elections BNF labelled itself “a party of the masses, especially for the poor, the working class and sections of the middle class”<sup>48</sup> and repeated the same 1994 social security promises to challenge the ruling party’s failed efforts to expand social security. BNF’s election promises prompted BDP to enroll vulnerable children (other than orphans) on the Destitute Persons programme.

Nevertheless, the political opposition has not been sufficiently strong to push the ruling BDP to transform the safety nets. Weak opposition might explain the BDP’s rejection of poverty targeted grants (FSG and CSG) and the enduring familial CWR. The BCP and UDC supported proposals for a poverty-targeted CSG and believe BDP’s resistance to embrace such research evidence is political as it anticipated resentment and loss of political support particularly from the rural people constituting a larger percentage of the electorate and beneficiaries of social transfers. BDP politicians have a tendency of influencing the registration of some rich people on social assistance and manipulation is easier for categorical schemes than means-tested schemes or universal programmes. Categorical targeted schemes have been retained for selected categories of families with children as they are not discriminatory and maintain social harmony among communities.<sup>49</sup> Thus, the rejection of opposition and donor supported cash transfer programmes show both a weak opposition and failed international pressure.

Weak donor and international influence in Botswana, unlike in Namibia, account for the rejection of proposals for poverty targeted grants and the continued familial system. International agencies - UNICEF, USAID and, to a lesser extent, the World Bank - actively participated through financial, technical and logistical support in the various government commissioned studies and development of strategic policy documents but could not convince the government to shift to either mixed (as in Namibia) or pro-poor provision (as in South Africa). The UNICEF contracted group of international experts<sup>50</sup> (Turner et al., 2011)

---

<sup>48</sup> BNF 1994 Election Manifesto, page 7.

<sup>49</sup> Separate interviews with Duma Boko, Dithapelo Keorapetse (Phikwe BCP Member of Parliament) on 23 October 2015 and Kesitegile Gobotswang (BCP Vice President) on 12 October 2015.

<sup>50</sup> Stephen Devereux, Frank Ellis, Nicholas Freeland, Janet Seeley, Stephen Turner, Philip White and two Batswana, Dolly Ntseane and Tebogo B. Seleka.

recommended “a child support grant for Botswana?”<sup>51</sup> The BDP rejected the proposals, showing its ideological preferences to familial in-kind support and political elites’ ambivalence with cash transfers. Overall the policies, developed in partnership with the Department of Social Protection, were important advocacy instruments used to lobby government to move from orphan to OVC focus but the ultimate goal of introduction of poverty targeted grants has not been achieved.

Uncoordinated and competing policy positions between donors and international agencies partly explain their failure to convince government to shift to poverty targeting. International donors up to 2013 had conflicting views about whether to continue targeting orphans only or expand to other vulnerable children. UNICEF advocated for universalism (all children) in contrast to USAID/PEPFAR which funded the OCP up to that year and was pro-orphan targeting until government took full control of the programme. In disagreement from a child rights perspective, UNICEF was pushing for the inclusion of vulnerable children on the OCP hence the proposal for a CSG (GoB, 2010). The two donors only concurred in 2014 when government finally took over the OCP. At the time both played more technical than financial roles. From that year they both became enthusiastic about universal benefits inclusive of vulnerable children, an idea government is still considering.<sup>52</sup> Meanwhile, the World Bank showed no support for the CSG but advocated for a different intervention, the FSG. On the other hand, civil society organizations led by the Botswana Federation of Trade Union (BFTU) proved very passive in these discussions as most of them were inactive, lacked coordination, lacked knowledge on child social protection and were preoccupied with labour-related issues.<sup>53</sup> The absence of shared policy options and competition to propose different but complementary social protection instruments among donors weakened their power to push the BDP to adopt a poverty targeted CSG that would have expanded child social protection coverage. Similarly, the simultaneous proposals for a universal poverty-targeted child grant and a Basic Income Grant by donors and civil society in Namibia has delayed adoption of either grant as the SWAPO government is court in between adopting one or both.

The earlier restriction and the later expansion of the food basket to orphans and “destitute” children also reflect some elements of patronage by the ruling party.

---

<sup>51</sup> The consultants present a cost analysis of introducing a child support grant in Botswana in their second report (Devereux et al., 2010) following a coverage gap identified through a situation analysis of social protection programmes (Ellis et al., 2010).

<sup>52</sup> Interview with government official who preferred anonymity.

<sup>53</sup> Interview with Thusang Butale, Secretary-General, BFTU on 15 October, 2015 in Gaborone.

Most orphan caregivers were poor elderly people (Dahl, 2014:626). These poor people, as argued by other scholars with reference to general welfare regime programmes (Ulriksen, 2017), constituted the BDP's political support base. Thus the orphan basket, like the "destitute basket" for vulnerable children and the drought-induced food aid, is a very popular programme among the rural poor and has promoted the familial CWR. In 2015, the poor and vulnerable were overrepresented in rural areas in Botswana (World Bank, 2015). This may explain the party's dominance and outright rejection of international agencies and donors' proposals for poverty targeted cash transfers.

## **5. Conclusion**

Most countries in Southern Africa started off as familial and residual, with public provision focused on orphans or children living in poor, single-mother households. None of them followed the French model of family allowances, nor the Nordic model of direct public provision through public childcare. While South Africa expanded dramatically away from this model over the last 20 years, and Namibia was slow to follow South Africa's lead, Botswana has stuck with its familial model.

The reforms of the CWR in Botswana were programmatic in some ways since the government effectively responded to the effects of structural factors (health and demographic shocks). However, the limitation of the transfers initially to orphans and later to other vulnerable children and the resistance to provide general support for families with children, like in South Africa and more recently in Namibia, reflects forms of patronage and ideology. Most post 1994 election reforms were driven by electoral competition but the form of benefits (in-kind transfers), familial targeting and relative generosity of (in-kind) transfers reflect the BDP's conservative ideology.

## References

- Ardington, E. & Lund, F. 1995. Pensions and development: Social security as complementary to programmes of reconstruction and development. *Development Southern Africa*, 12(4), 557-577.
- Bothomilwe, M.Z. & Sebudubudu, D. 2011. Elections in Botswana: A ritual enterprise? *The Open Access Studies Journal*, 4, 96-103.
- Botswana Institute for Development Policy Analysis. 2000. *Impact of HIV/AIDS on poverty and income inequality in Botswana*. Gaborone: Botswana Institute for Development Policy Analysis.
- Botswana Federation of Trade Unions. 2007. *Position paper on social security and social protection in Botswana*. Gaborone: Botswana Federation of Trade Unions.
- Bryant, M., Beard, J., Sabin, L., Brooks, M.I., Scott, N., Larson, B.A., Biemba, G., Miller, C. & Simon, J. 2012. PEPFAR's support for orphans and vulnerable children: Some beneficial effects, but too little data, and programs spread thin. *Health Affairs*, 31(7), 1508-1518.
- Chinyoka, I. 2017. *Poverty, changing political regimes, and social cash transfers in Zimbabwe, 1980–2016*. Helsinki: UNU-WIDER.
- Central Statistics Office. 2001. *Population and housing census*. Gaborone: Government Printers.
- Central Statistics Office. 2004. *2002/3 Household income and expenditure survey*. Gaborone: Government Printers.
- Central Statistics Office. 2009a. *Botswana AIDS impact survey (BAIS) III Statistical report*. Gaborone: Government Printers.
- Central Statistics Office. 2009b. *Botswana family health survey IV*. Gaborone: Government Printers.
- Dahl, B. 2009. The “failures of culture”: Christianity, kinship, and moral discourses about orphans during Botswana's AIDS crisis. *Africa Today*, 56(1), 23-43.
- Dahl, B. 2014. “Too fat to be an orphan”: The moral semiotics of food aid in Botswana. *Cultural Anthropology*, 29(4), 626-647.
- Dahl, B. 2016. The drama of de-orphaning: Botswana's old orphans and rewiring of kinship relations. *Social Dynamics*, 42(2), 289-303.

- De La O, A. 2013. Do conditional cash transfers affect electoral behavior? Evidence for a randomized experiment in Mexico. *American Journal of Political Science*, 57(1), 1–14.
- De La O, A. 2015. *Crafting policies to end poverty in Latin America*. Cambridge: Cambridge University Press.
- Devereux, S., Ellis, F., Freeland, N., Ntseane, D., Seeley, J., Seleka, T., Turner, S. & White, P. 2010. *A social development policy framework for Botswana. Phase II: Framework and strategy*. Report commissioned by the Ministry of Local Government of the Republic of Botswana, UNICEF and RHVP. Gaborone: Republic of Botswana.
- Durham, D. 2007. Empowering youth: Making youth citizens in Botswana. In Cole, J. & Durham, D. (Eds.). *Generations and globalization: Youth, age, and family in the new world economy*. Bloomington: Indiana University Press. 102–131.
- Ellis, F., Freeland, N., Ntseane, D., Seleka, T., Turner, S. & White, P. 2010. *A social development policy framework for Botswana. Phase I: Situation analysis*. Report commissioned by the Ministry of Local Government of the Republic of Botswana, UNICEF and RHVP. Gaborone: Republic of Botswana.
- Esping-Andersen, G. 1990. *The three worlds of welfare capitalism*. Cambridge: Polity Press.
- Esping-Andersen, G. 1999. *Social foundations of postindustrial economies*. Oxford: Oxford University Press.
- Good, K. & Taylor, I. 2008. Botswana: A minimalist democracy. *Democratization*, 15(4), 750–765.
- Government of Botswana. 1997. *A long term vision for Botswana: Towards prosperity for all*. Gaborone: Government of Botswana.
- Government of Botswana. 2003. *National poverty alleviation strategy*. Gaborone: Government Printers.
- Government of Botswana. 2009. *Children's Act*. Gaborone: Government Printers.
- Government of Botswana. 2010. *Botswana National Plan of Action on Orphans and Vulnerable Children 2010-2016*. Gaborone: Government Printers.
- Government of Botswana. 2013. *National policy on orphans and vulnerable in Botswana*. Gaborone: Government Printers.

Government of Botswana & United Nations Development Programme. 2010. *Millennium development goals status report: Botswana*. Gaborone: Government Printers.

Government of Botswana & United Nations Development Programme. 2014. *Botswana human development report*. Gaborone: Government Printers.

Hamer, S. 2016. “Our father’s programmes”: Political branding around social protection in Botswana, 2008-2014. *CSSR Working Paper No. 370*. Cape Town: Centre for Social Science Research, University of Cape Town.

Hamer, S. & Seekings, J. 2017. Social protection, electoral competition, and political branding in Malawi. *WIDER Working Paper 2017/99*. Helsinki: UNU-WIDER.

Hunter, W. & Power, T. 2007. Rewarding Lula: Executive power, social policy, and the Brazilian elections of 2006. *Latin American Politics & Society*, 49(1), 1-30.

International Labour Organization. 2014. *World social protection report 2014/15*. Geneva: International Labour Organization.

International Labour Organization. 2017. *World social protection report 2017-19*. Geneva: International Labour Organization.

Kaboyakgosi, G. & Marata, K. 2012. *A fine balance: Assessing the quality of governance in Botswana*. Pretoria: IDASA.

Kaboyakgosi, G. & Mpule, K.P. 2008. Beyond Public Administration? HIV/AIDS policy networks and the transformation of public administration in Botswana. *Public Administration and Development*, 28, 301-310.

Kallings, L.O. 2008. The first postmodern pandemic: 25 years of HIV/AIDS. *Journal of Internal Medicine*, 263(3), 218–43.

Kanki, P. & Marlink, R. (Eds.). 2009. *A line drawn in the sand: Responses to the AIDS treatment crisis in Africa*. Cambridge: Harvard University Press.

Kerapeletswe, C. 2008. Poverty status and evolution of poverty and strategies in Botswana. In Kessy, F.L. & Tostensen, A. (Eds.). *Out of poverty: Comparative poverty reduction strategies in Eastern and Southern Africa*. Dar es Salaam: Mkuki na Nyota Publishers.

Khama, I. 2009. *2009 Inauguration address by H.E. Lieutenant General S.K.I. Khama, President of the Republic of Botswana*. Gaborone: Government Printing and Publishing Services.

- Makgala, J.C. 2013. Discourses of poor work ethic in Botswana: A historical perspective, 1930-2010. *Journal of Southern African Studies*, 39(1), 45–57.
- Masire, Q. 2006. *Masire: Memoirs of an African democrat, Very brave or very foolish?* Basingstoke: Palgrave Macmillan.
- Maundeni, T. 2009. Care for children in Botswana: The social work role. *Social Work and Society International Online Journal*, 7(1).
- Ministry of Health. 1998. *The rapid assessment of the situation of orphans in Botswana*. Gaborone, Botswana: AIDS/STD Unit.
- Ministry of Local Government. 1999. *Short term of plan of action on care of orphans in Botswana, 1999-2001*. Gaborone: Ministry of Local Government.
- Ministry of Local Government. 2002. *Revised national policy on destitute persons*. Gaborone: Ministry of Local Government.
- Ministry of Local Government. 2006. *Final evaluation report: Evaluation of the review of short term plan of action (STPA) for orphans in Botswana*. Gaborone: Ministry of Local Government.
- Ministry of Local Government. 2008. *National situation analysis on orphans and vulnerable children in Botswana*. Gaborone: Government Printers.
- Ministry of Local Government. 2009. *Revised remote area development programme (RADP)*. Gaborone: Government Printer.
- Mogalakwe, M. & Nyamnjoh, F. 2017. Botswana at 50: Democratic deficit, elite corruption and poverty in the midst of plenty. *Journal of Contemporary African Studies*, 35(1), 1-14.
- Mokopakgosi, B. & Molomo, M. 2000. Democracy in the face of weak opposition in Botswana. *Pula: Botswana Journal of African Studies*, 14(1).
- Molutsi, P.P. 1989. Whose interest do Botswana's politicians represent? In Holm, J.D. & Molutsi, P.P. (Eds.). *Democracy in Botswana*. Gaborone: Macmillan. 120–131.
- Munemo, N. 2012. *Domestic politics and drought relief in Africa: Explaining choices*. Boulder: Lynne Rienner.
- Mupedziswa, R. & Ntseane, D. 2011. The Role of social protection in promoting social development in Botswana. Paper presented at International Symposium on Social Protection in Southern Africa: New Opportunities. Held at Centre for Social Development in Africa, University of Johannesburg, 24-26 May 2011.

- Mupedziswa, R. & Ntseane, D. 2012. Human security in the Southern African development community region: Learning from Botswana's social protection initiatives. *Regional Development Dialogue*, 33(2), 56-70.
- Nthomang, K. 2007. Democracy and social policy in Botswana. In Bangura, Y. (Ed.). *Democracy and social policy*. Houndmills: Palgrave. 189-219.
- Ntseane, D. & Solo, K. 2007. *Social security and social protection in Botswana*. Gaborone: Bay Publishers.
- Pelham, L. 2007. The politics behind the non-contributory old age social pensions in Lesotho, Namibia and South Africa. *CPRC Working Paper 83*. Manchester: Chronic Poverty Research Centre.
- Pierson, P. 2000. Increasing returns, path dependence, and the study of politics. *American Political Science Review*, 94 (2), 251-67.
- Regional Hunger and Vulnerability Programmes. 2011. Social protection in Botswana - a model for Africa? *Frontiers of Social Protection*, 9(3).
- Seekings, J. 2016a. Drought relief and the origins of a conservative welfare state in Botswana, 1965-1980. *CSSR Working Paper No. 378*. Cape Town: Centre for Social Science Research, University of Cape Town.
- Seekings, J. 2016b. "A lean cow cannot climb out of the mud, but a good cattleman does not leave it to perish": The origins of a conservative welfare doctrine in Botswana under Seretse Khama, 1966-1980. *CSSR Working Paper No. 387*. Cape Town: Centre for Social Science Research, University of Cape Town.
- Seekings, J. 2016c. Building a conservative welfare state in Botswana. *CSSR Working Paper No. 388*. Cape Town: Centre for Social Science Research, University of Cape Town.
- Seekings, J. 2017. The discourse of dependency and the agrarian roots of welfare doctrines in Africa: The case of Botswana. *Sozialpolitik.ch*, 2(2), 1-23.
- Seekings, J. & Nattrass, N. 2015. *Policy, politics and poverty in South Africa*. New York: Palgrave MacMillan.
- Seleka, B.T., Siphambe, H., Ntseane, D., Mbere, N., Kerapeletswe, C. & Sharp, C. 2007. *Social safety nets in Botswana: Administration, targeting and sustainability*. Gaborone: Lightbooks.
- Selolwane, O. 2012. Welfare, social protection and poverty reduction. In Selolwane, O. (Ed.). *Poverty reduction and changing policy regimes in*

Botswana. London: United Nations Research Institute for Social Development. 102-138.

Siachiwena, H. 2017. Social policy reform in Zambia under President Lungu, 2015-2017. *CSSR Working Paper No. 403*. Cape Town: Centre for Social Science Research, University of Cape Town.

Statistics Botswana. 2013. *Botswana core welfare indicators survey 2009/10*. Gaborone: Statistics Botswana.

Statistics Botswana. 2014. *Population and housing census 2011 Analytical report*. Gaborone: Government Printers.

Stegling, C. 2004. Botswana's HIV/AIDS programme: A model for SADC? *Development Update*, 5(3).

Surender, R., Noble, M., Wright, G. & Ntshongwana, P. 2010. Social assistance and dependency in South Africa: An analysis of attitudes to paid work and social grants. *Journal of Social Policy*, 39(2), 203-221.

Tesliuc, C., Silverio Marques, J., Lekobane, K.R., Mookodi, L., Bezhanyan, A., Braithwaite, J., Mohan, A., Otsuka, M., Scheja, E., Sharma, S., Ntseane, D., Tsirunyan, S., Schmalzbach, M. 2013. *Botswana social protection assessment*. Pretoria: World Bank & Botswana Institute for Development Policy Analysis.

Tesliuc, C., Silverio Marques, J., Mookodi, L., Braithwaite, J., Sharma, S. & Ntseane, D. 2013. Botswana social protection. *Discussion Paper No. 1405*. Washington D.C.: World Bank.

Turner, S., White, P., Devereux, S. & Freeland, N. 2011. A child support grant for Botswana? In Maundeni, T. & Nnyepi, M.S. (Eds.). *Thari ya Bana: Reflections on children in Botswana 2011*. Gaborone: UNICEF.

Ulriksen, M. 2010. *Politics, policy, and poverty in Botswana, Mauritius, and other developing countries*. PhD thesis, Department of Political Science, Aarhus University, Denmark.

Ulriksen, M. 2011. Social policy development and global financial crisis in the open economies of Botswana and Mauritius. *Global Social Policy*, 11(2-3), 194-213.

Ulriksen, M. 2012. Welfare policy expansion in Botswana and Mauritius: Explaining the causes of different welfare regime paths. *Comparative Political Studies*, 45(12), 1483-1509.

Ulriksen, M. 2017. Mineral wealth and limited redistribution: Social transfers and taxation in Botswana. *Journal of Contemporary African Studies*, 35(1), 73-92.

UNAIDS. 2014. *The Gap report*. Geneva: UNAIDS.

UNAIDS & World Health Organization . 2005. *AIDS epidemic update, December 2005*. [https://www.who.int/hiv/epi-update2005\\_en.pdf?ua=1](https://www.who.int/hiv/epi-update2005_en.pdf?ua=1). Accessed 23 February 2016.

United Nations Children’s Fund. 2004. *Protecting the rights of the most vulnerable: Annual report, 2004*. Gaborone: UNICEF.

United Nations Children’s Fund. 2005. *Analysis of child focused indicators*. Gaborone: UNICEF.

United Nations Children’s Fund. 2012. *Annual report 2011*. Gaborone: UNICEF.

United Nations Children’s Fund /UNAIDS/USAID. 2002. *Children on the Brink 2002: A Joint Report on Orphan Estimates and Program Strategies*. Washington DC: TvT Associates.

World Bank. 2015. *Botswana poverty assessment*. Washington D.C.: World Bank.

World Bank. 2017. *State of social safety nets 2017*. Washington DC: World Bank.

Zucco, C. 2008. The president’s “new” constituency: Lula and the pragmatic vote in Brazil’s 2006 presidential elections. *Journal of Latin American Studies*, 40(1), 29-49.

Zucco, C. & Power, T. 2013. Bolsa Família and the shift in Lula’s electoral base, 2002-2006: A reply to Bohn. *Latin American Research Review*, 48(2), 3-24.

## Appendix 1: Existing child-focused social grants in Botswana

Programme	Orphan Care	School feeding	Vulnerable group feeding	Destitute Persons (include Vulnerable children i.e. Children in need of care, Needy students & Needy children)
<b>Target group</b>	Orphaned children	School age children	Adults and pre-school children needing supplementary feeding	Poor and destitute individuals unable to work
<b>Eligibility criteria</b>	Child under 18 who has lost one (single) parent or two (Married couples) Biological or adoptive parents. Not means tested.	Enrolment at government school	Presenting at clinics: Children <6 years Pregnant women	Due to disabilities or chronic ill health, incapable of sustainable economic activity, has insufficient assets and income sources (<4 LSU or gets <P120/month single, <P150/month with dependents) or incapable of sustainable economic activity, unreliable and limited sources of income due to old age, disability, terminal illness. Permanent: completely dependent, not suitable for rehabilitation. Temporary: suffered disasters, family crises etc., expected to exit.
<b>Targeting mechanism</b>	Categorical + community: referral by Village/Ward Social Welfare Committee, Village Development Committee (VDC) or other leaders or concerned individuals for registration by local authority. Orphan or caregiver may also apply directly	Categorical	Categorical	Proxy means testing +community: referral by Village/Ward Social Welfare Committee, VDC or other leaders or concerned individuals. People may also apply directly to these committees or to S&CD
<b>Type of transfer</b>	Food; school fees, uniform and other education costs; clothing	Food	Food	Food & cash
<b>Other benefits</b>	Counselling and psychosocial support by local authority social workers	None	None	Shelter; Funeral expenses; School fees and associated expenses for children of destitute families, plus psycho-social support, mentoring, career guidance

Source: adapted from *A Social Development Policy Framework for Botswana: Phase I: Situation Analysis* (Ellis et al., 2010).